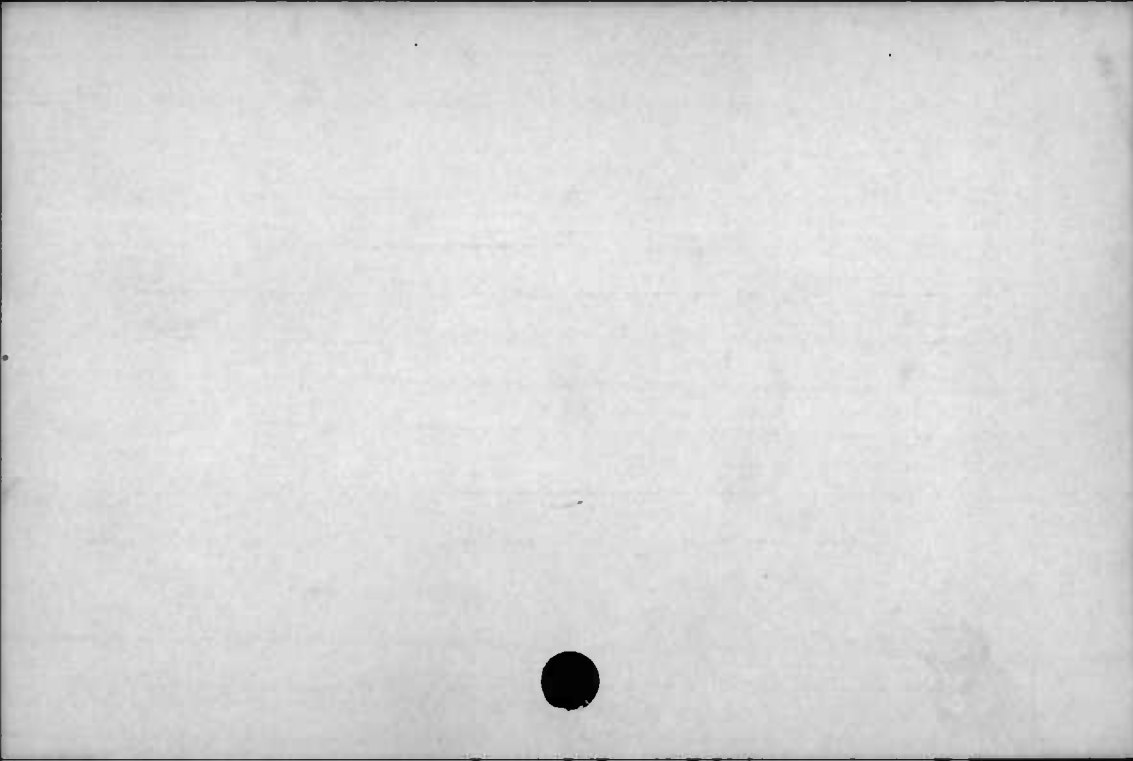


Name in Full		Survival		County		Certificate of Death	
Died at		Hagerstown		Washington		Maryland	
Date of death		1903	Month 11	Day 30	Age 3	Months	Days
Sex		Male		Color or Race		White	
Occupation		Child		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Name or Wife or Husband					
Father's Name		William Andrews		Father's Birthplace		Ind	
Mother's Maiden Name		Elysa Brumby		Mother's Birthplace		Pa	
Name of person giving information		William Andrews		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Bronchitis Pneumonia		How long		Three days	
Immediate				How long		Three days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. E. Pitroogle	
				Address		Hagerstown Md	
Accident or Suicide?		No					



Name In Full

Certificate of Death

Died at

Date

Male

Husband
of
WifeFather's
NameCause of
PrimaryDeath
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry Clay Ankensy
 Crarshing Washington
 Nov. 28 1903
 Age 61
 Male White Married Single
 Widower

County

Y. M. D.

Native of

Occupation

MARYLAND

Farmer

Number of children living

Mother's
Name

How long sick

Accident, Suicide, Homicide

John Ankensy
 General Debility
 Heart Failure
 Dr. H. C. Proctor
 Crarshing Maryland



Name In Full

Certificate of Death

Christian Arndt-

Town

County

Died at

Bellevue

Washington

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

11

16

Age

78

Md

Tailor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. H. L. Sherris Undertaker

Address

Luttrellsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in
Full

Amanda Catherine Babington

CERTIFICATE OF DEATH

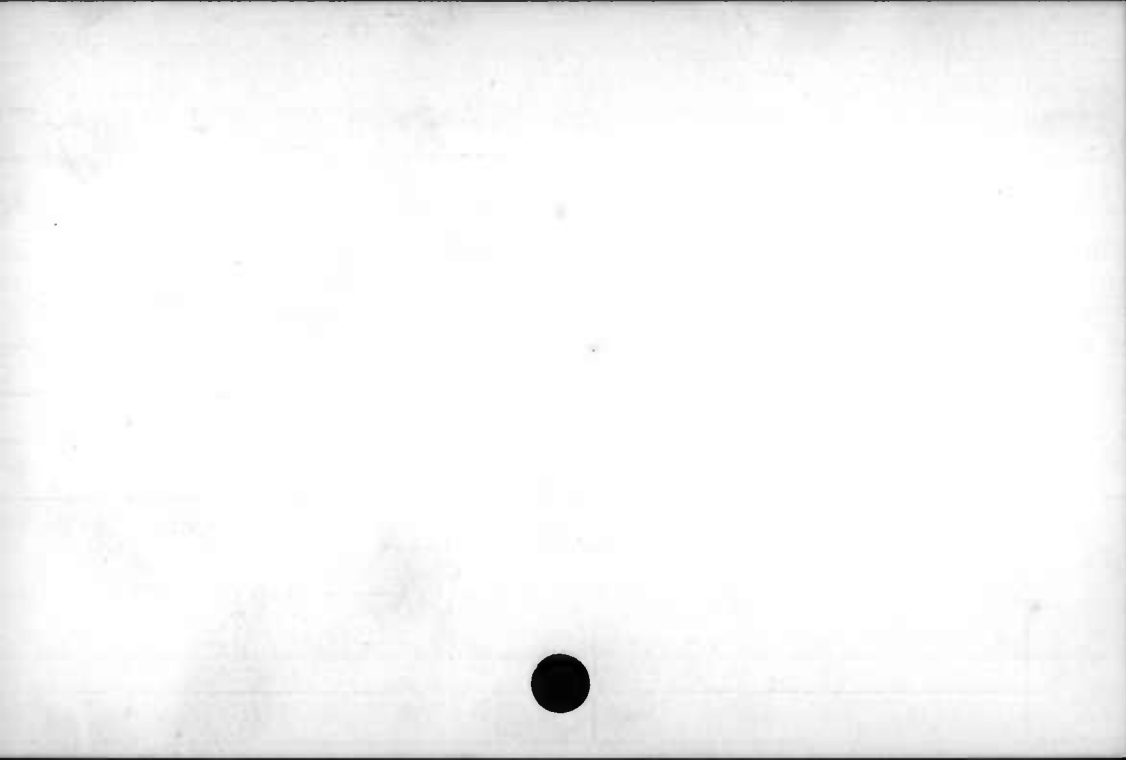
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Nov.</i>	Day	<i>18</i>
Age	<i>62</i>	Years	<i>13</i>	Months	<i>15</i>
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Maryland</i>
Married, Single or Widowed	<i>Married</i>		Occupation <i>Housewife</i>		
Name of Wife or Husband	<i>William Babington</i>				
Father's Name	<i>Isaac Moses</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary Pidenauer</i>			Mother's Birthplace	
Name of person giving information	<i>William Babington</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septic Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Syncope. Collapse</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Hubert Wade M.D.</i>
		Address	<i>Boonsboro</i>
			<i>Shel. Co., Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

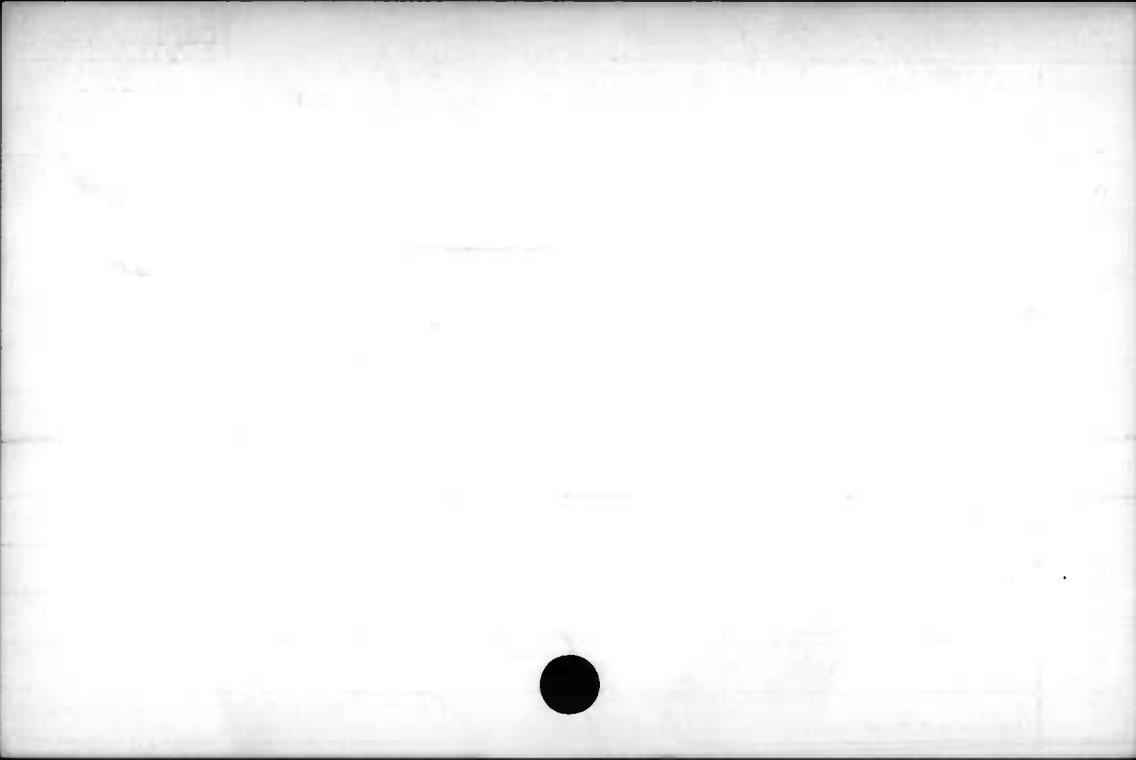
TO BE ANSWERED BY
NEAREST FRIENDName
in
Full
*Jacob Edward Baker*Died at *Hagerstown* Town *Washington* County

MARYLAND

Date of death *1903* Month *10* Day *31* Age *—* Years *—* Months *—* Days *9*Sex *Male* Color or Race *White* Birth-place *—*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Ewd Baker* Father's Birthplace *—*Mother's Maiden Name *Sallie Wiley* Mother's Birthplace *—*Name of person giving Information *Ewd Baker* How related to deceased *Son*

CAUSES OF DEATH

Primary *Hemorrhage from aneurism* How long *Few hours*Immediate *Hemorrhage* How long *See above*Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Chas. B. Byrnes*Address *—*Accident or Suicide? ☐



Name
in
Full

Elisabeth M. Booth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fairplay		^{County} Washington		MARYLAND	
Date of death	1903	Month	Nov	Day	3
Age		83		Years	4
Sex	Female	Color or Race	White	Birth-place	Wash. Co. Md
Occupation			Where Residing if not at place of death		
			Hagerstown Md		
Married, Single or Widowed	Widowed		Name of Wife or Husband	John Booth	
Father's Name	Daniel Schnebly			Father's Birthplace	Wash. Co. Md
Mother's Maiden Name	Ann Maria Rensch			Mother's Birthplace	Wash. Co. Md
Name of person giving Information	Ann F. Maddox			How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	3 days
Immediate	Angina Pectoris	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay Md	
Accident or Suicide?			



Name
in
Full

Charles Russel Bowers

CERTIFICATE OF DEATH

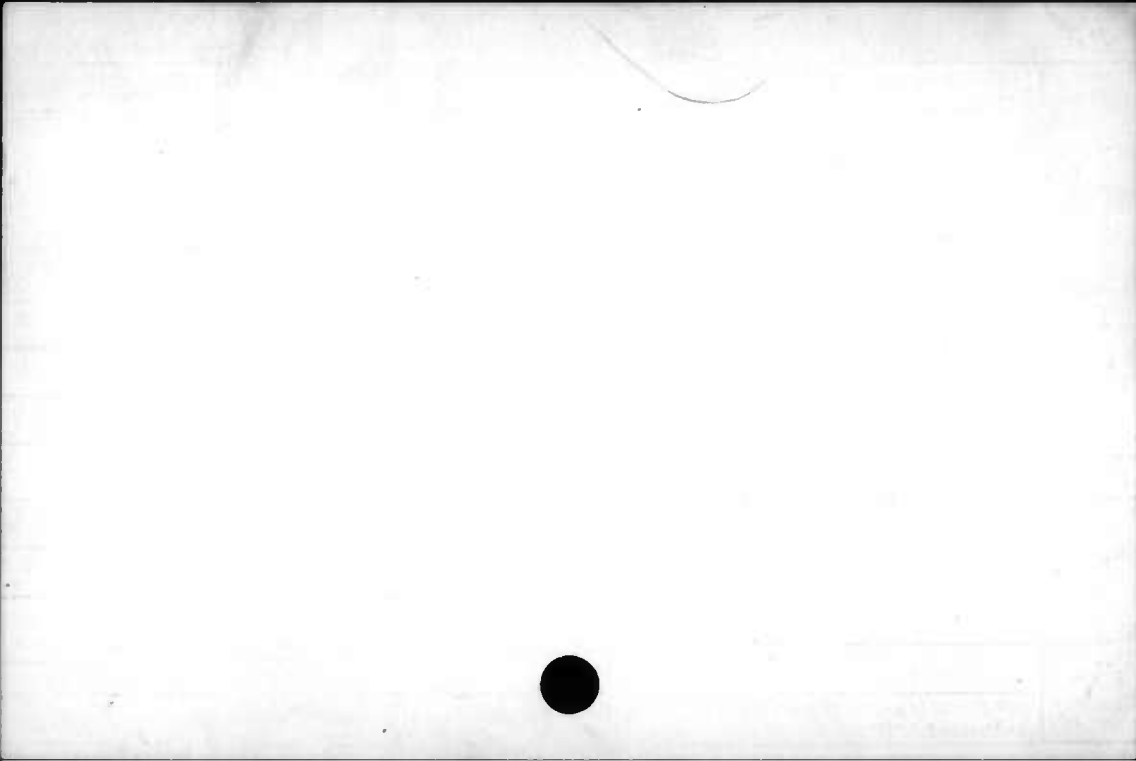
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>5</i>	Age	Years <i>2</i>	Months	Days <i>12</i>	
Sex		Color or Race <i>white</i>		Birth-place <i>Hagerstown</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Samuel C Bowers</i>		<i>93</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sallie M Hines</i>				Mother's Birthplace <i>Loantown Md</i>			
Name of person giving Information <i>S. C Bowers</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D E C Markum</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	



Name
in
Full

Thomas G. Boyer

CERTIFICATE OF DEATH

Died at ^{Town} Sharpsburg ^{County} Washington MARYLANDDate of death 1903 ^{Month} Nov ^{Day} 24 Age ^{Years} 19 ^{Months} 5 ^{Days} 9

Sex Male Color or Race White Birth-place

Occupation Boatman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm H. Boyer Father's Birthplace Mercersville

Mother's Maiden Name Martha Mose Mother's Birthplace Sharpsburg

Name of person giving Information Newton Boyer How related to deceased Brother

CAUSES OF DEATH

Primary A complication of dysentery for a year or more How long A year or more

Immediate Typhoid with Peritonitis How long About 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Samuel Gardner

Address Sharpsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. E. Wade
Undertaken

Name
in
Full

CERTIFICATE OF DEATH

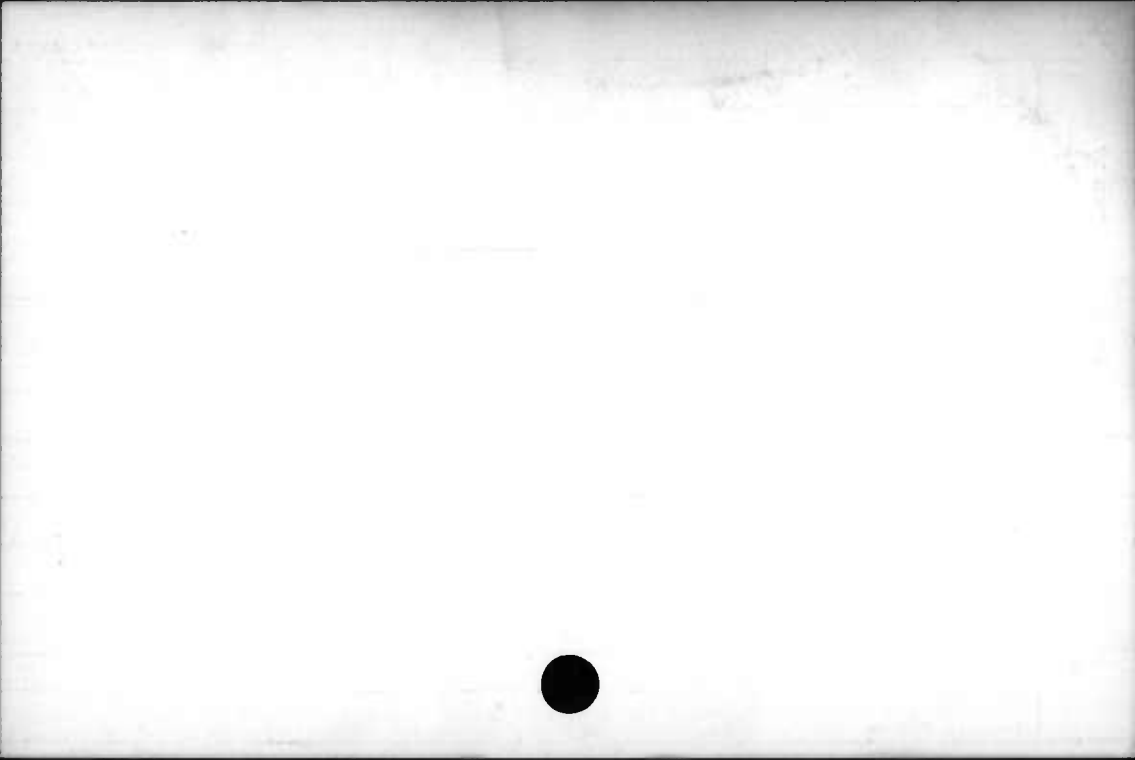
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Mary A Brewer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>							
Date of death	1903	Month	11	Day	19	Age	74
						Years	10
						Months	8
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John A Brewer</i>					
Father's Name <i>Jacob Lirer</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Barbara Hershey</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Miss Flora Brewer</i>		How related to deceased <i>Saughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>Two or three days</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M P Scott</i>	
<i>yes</i>		Address <i>Hagerstown</i>	
Accident or Suicide: <i>_____</i>			



Name
in
Full

Maria F. C. Harley

CERTIFICATE OF DEATH

Died at ^{Town} Breathedsville ^{County} Washington

MARYLAND

Date of death 1903 ^{Month} Nov ^{Day} 21 ^{Age} 72 ^{Years} ^{Months} 7 ^{Days} 7Sex Female ^{Color or Race} White ^{Birth-place} Wash. Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife~~
Husband

Dr. Joseph P. C. Harley

Father's
Name

John Van Lear

Father's
BirthplaceMother's
Maiden Name

Anna Booth

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

Son

CAUSES OF DEATH

Primary

Paresis

How long

4 years

Immediate

convulsions

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

V. M. Reichard

Address

Fairplay

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Collins

CERTIFICATE OF DEATH

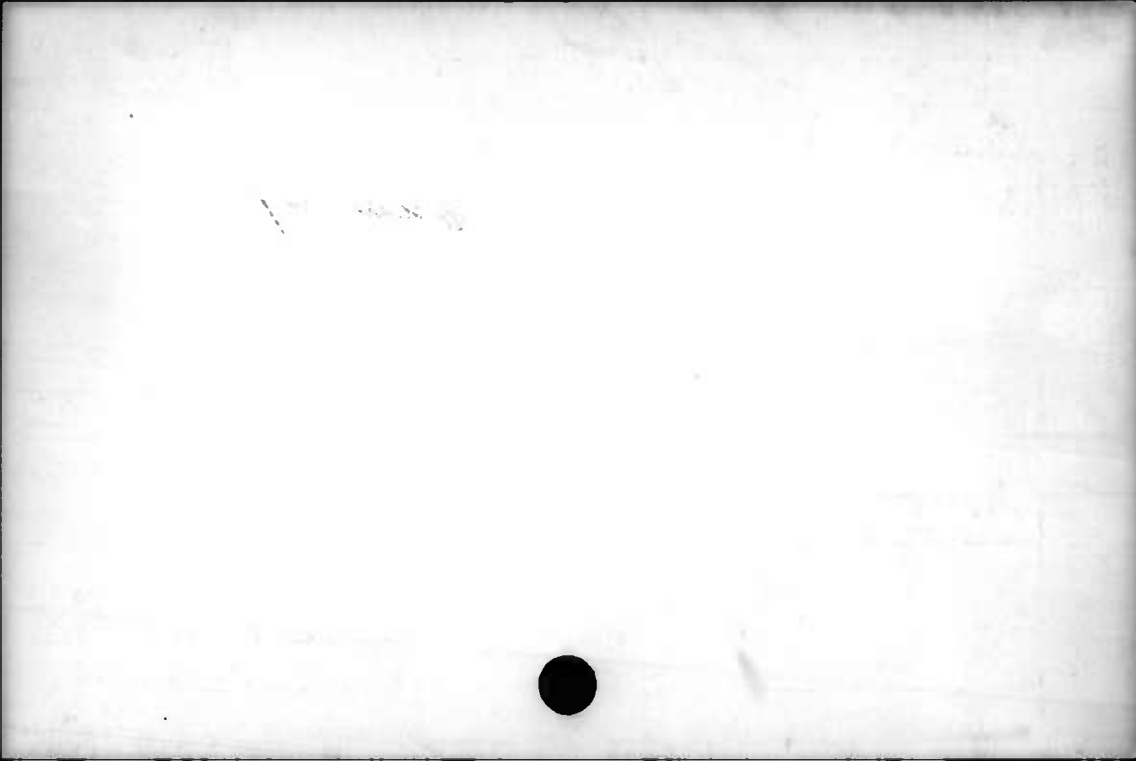
Washington
MarylandTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seattle</u>		County <u>—</u>	
Date of death <u>1903</u>	Month <u>Nov.</u>	Day <u>11</u>	Age <u>35</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Penn.</u>	
Occupation <u>newspaper Reporter</u>	Where Residing if not at place of death <u>Seattle Wash.</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm. A. Collins</u>	Father's Birthplace <u>Penn.</u>		
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Hannie Collins</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Alcoholism</u>	How long <u>—</u>
Immediate <u>convulsions</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Charles Understaker</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. William Cook

Died at **Hagerstown** Town **Washington** County **MARYLAND**

Date of death **1903** Month **Nov.** Day **9** Years **42** Months **—** Days **—**

Sex **male** Color or Race **white** Birth-place **Md.**

Occupation **Druggist** Where Residing if not at place of death **Hagerstown, Md.**

Married, Single or Widowed **single** Name of Wife or Husband **—**

Father's Name **John A. Cook** Father's Birthplace **Md.**

Mother's Maiden Name **Catharine Melchoir** Mother's Birthplace **Penn.**

Name of person giving Information **F. E. Cook** How related to deceased **brother.**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Syphid Fever** How long

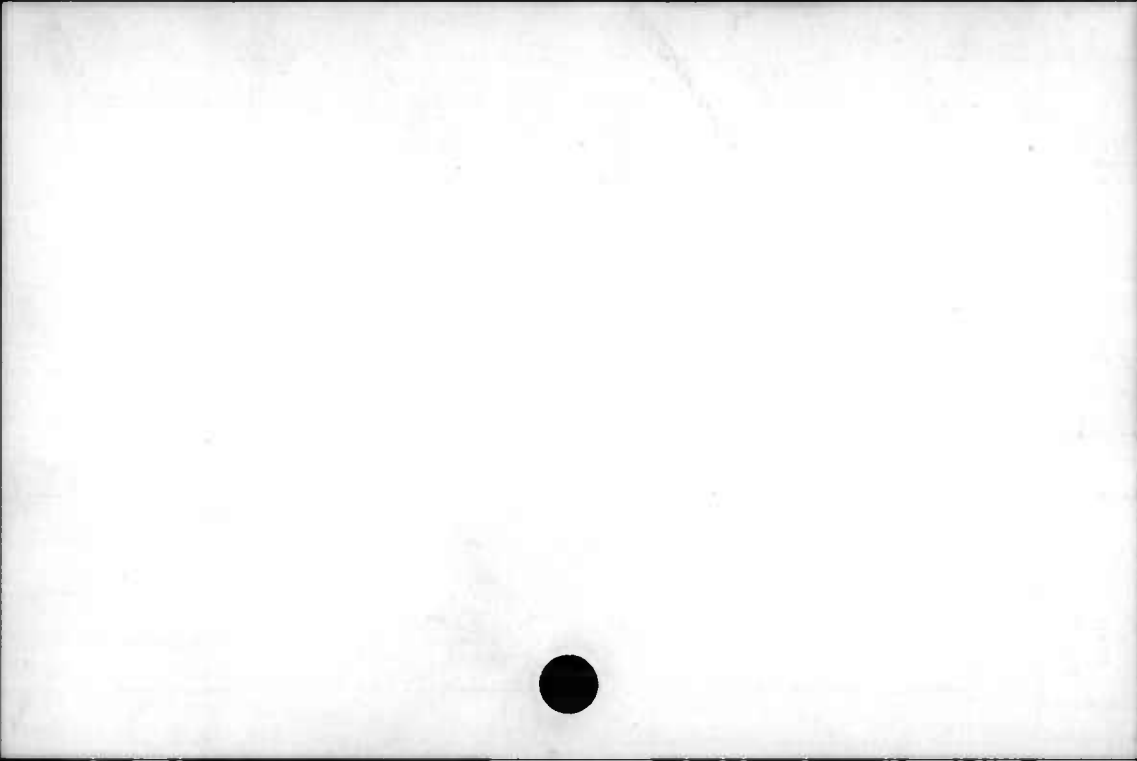
Immediate **Syphid Infection** How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician **W. J. [Signature]**

Address **Hagerstown Md**

Accident or Suicide? ☐



Name
in
Full

Helen Virginia Corby No 167

CERTIFICATE OF DEATH

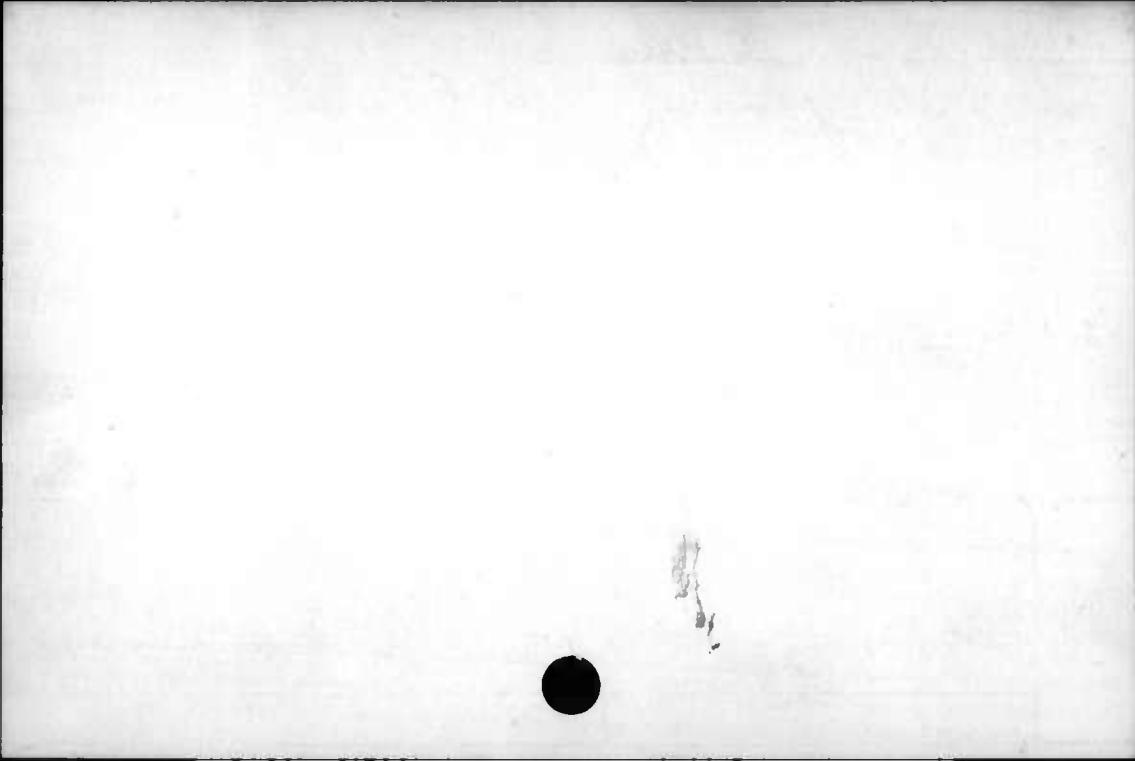
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190 3		Nov	9	66	9	12	
Sex		Color or Race		Birth-place			
Female		White		Washington Co			
Married, Single or Widowed		Occupation					
Married							
Name of Wife or Husband		Geo W. Corby					
Father's Name		Josiah Hershey				Father's Birthplace	
						Mar Co	
Mother's Maiden Name		Mrs Stuebel				Mother's Birthplace	
Name of person giving information		Geo H Corby				How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Trouble	How long
Immediate	Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		W S Richardson
		Address
		Williamport Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

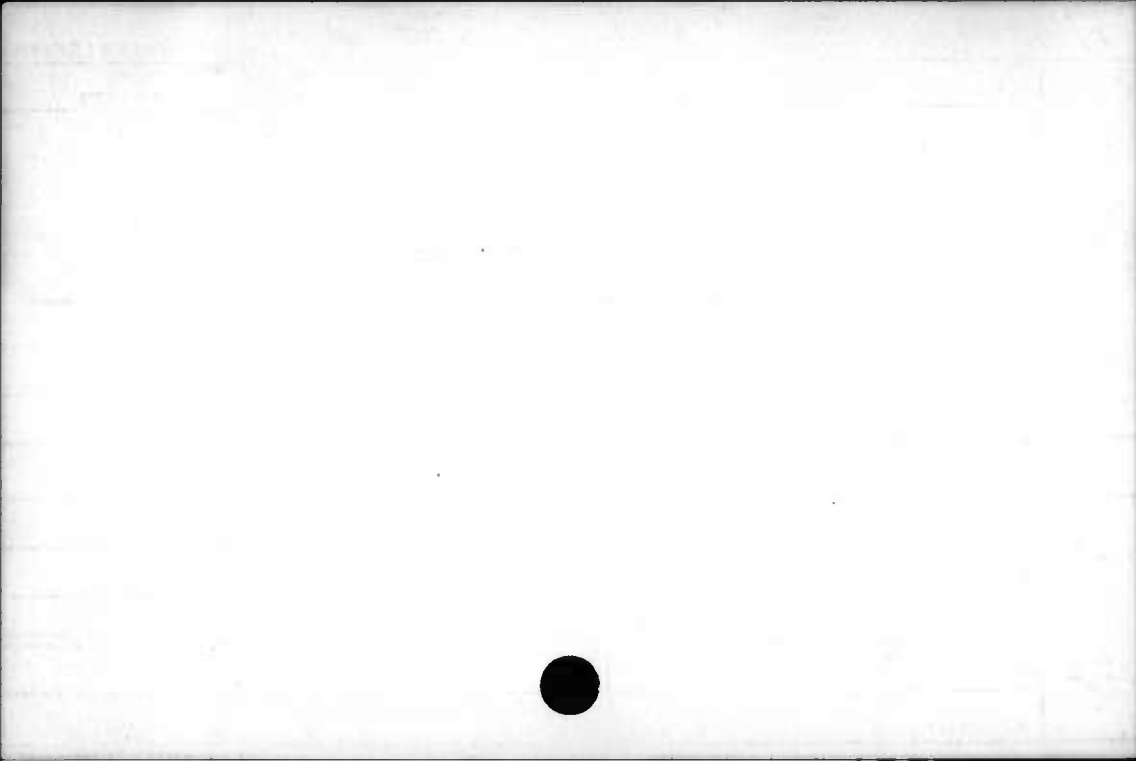
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Nov</i>	Day	<i>25</i>	Years	<i>84</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Virginia</i>		
Occupation	<i>Miller</i>			Where Residing if not at place of death			<i>Hancock Md</i>		
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			<i>Joseph W. Dalby</i>		
Father's Name	<i>Joseph Dalby</i>			Father's Birthplace			<i>Va</i>		
Mother's Maiden Name	<i>Jane Whittington</i>			Mother's Birthplace			<i>Va</i>		
Name of person giving Information	<i>Wm Dalby</i>			How related to deceased			<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Genl. Debility</i>	How long	<i>Indefinite</i>
Immediate	<i>Exhaustion</i>	How long	<i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm Dalby</i>
		Address	<i>Hancock Md</i>
Accident or Suicide?	<i>No</i>		



Name in Full

Certificate of Death

Jenningham Diggs
 Town County
 Died at Hagersville Washington MARYLAND
 Date 1903 Nov. 14 Age 5'3
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 10

Husband of
 Wife Amelia Barnum
 Father's Name Wm Diggs Mother's Maiden Name

Cause of Death { Primary Paralysis of Heart
 Immediate
 How long sick sudden.
 Accident, Suicide, Homicide

Reported by O. L. Herman M.D.
 Address Hagersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mabel L. Brenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		3	Nov	23	1	10	12
Sex	Female		Color or Race	White		Birth-place	Sharpsburg
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name	Luther Brenner					Father's Birthplace	near Sharpsburg Md
Mother's Maiden Name	Elizabeth Barbers					Mother's Birthplace	Sharpsburg Md
Name of person giving information	Luther Brenner					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meadles	How long	about a week
Immediate	Capillary Bronchitis	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. Howell Gardner	
		Address	
		Sharpsburg Md	
Accident or Suicide?			

Chas. S. Wade
Undertaker



Name in Full

Certificate of Death

James D. Dinkley
 Died at *Fredericktown* Town *Washington* County *MARYLAND*

Date 19 *03* Month *11* Day *4* Age *81-3-3* Y. M. D. Native of *US* Occupation *Suburban*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Number of children living *2*
 Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *Dr. Dinkley*
 Wife *Dr. Dinkley*

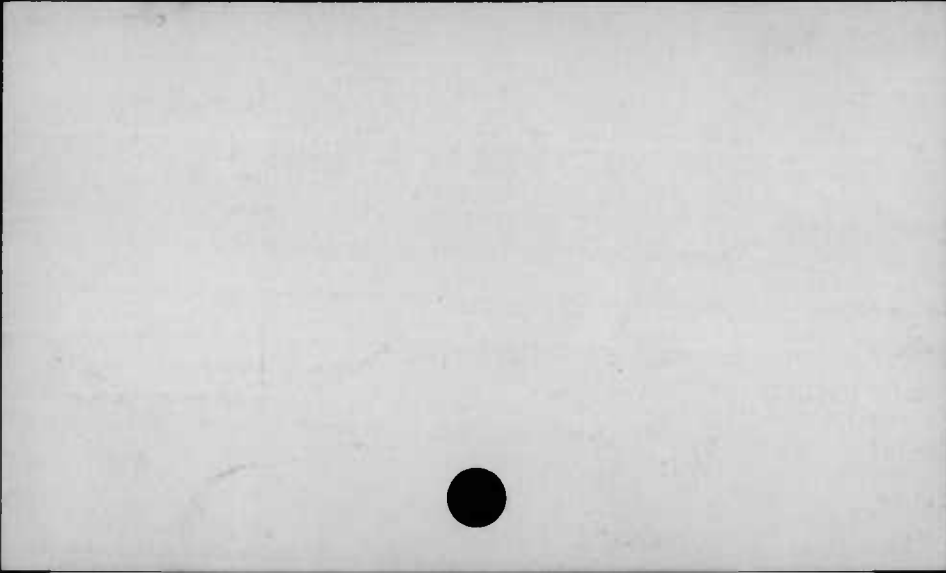
Father's Name *Dr. Dinkley* Mother's Name *Dr. Dinkley*
 Maiden Name *Dr. Dinkley*

Cause of Death { Primary *Bright's Disease* How long sick *2 years*
 Immediate *Heart Failure* ☒ Accident, Suicide, Homicide

Reported by *C. J. M. Jones*

Address *Fredericktown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

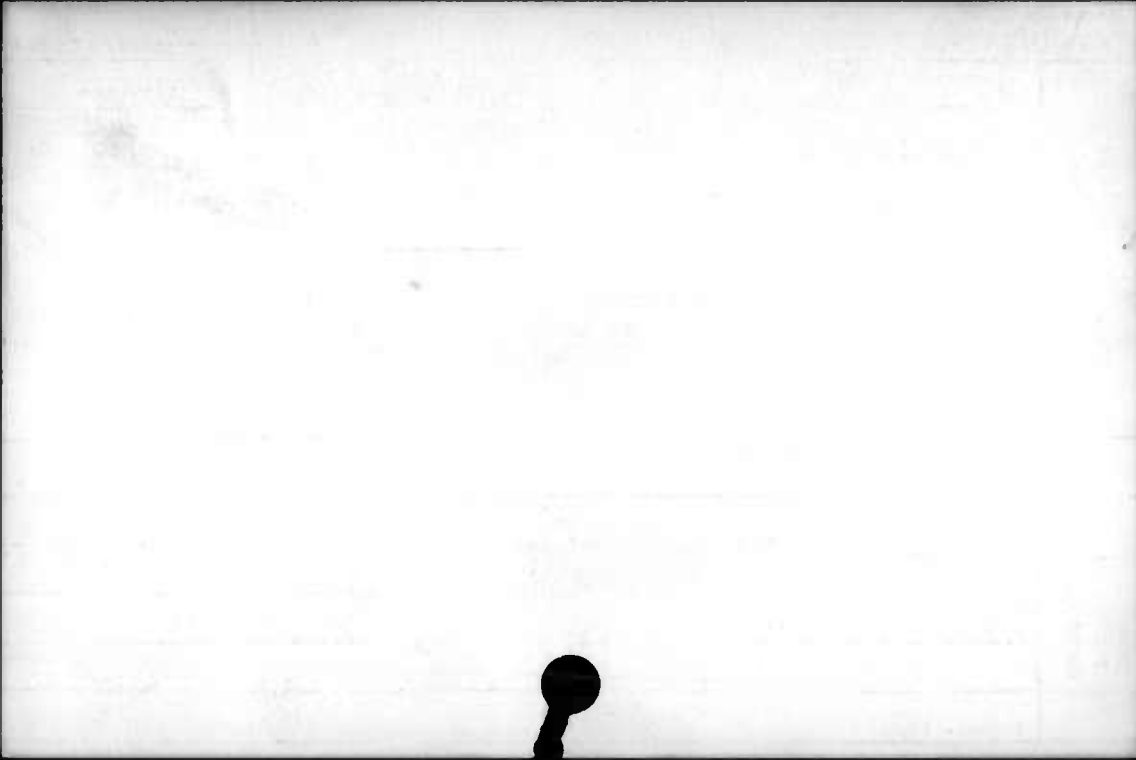
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Isaac Heller</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>15</i>		Years <i>71</i>	
Date of death <i>1903</i>		Months <i>9</i>		Days <i>3</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Bissell</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catharine Biser</i>					
Father's Name <i>David Heller</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace					
Name of person giving Information <i>Mrs W. L. Litten</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis</i>		How long <i>2 years or more</i>
Immediate <i>Acute Indigestion</i>		How long <i>2 or more years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Meador</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide?		



Name
in
Full

Ellen Jane Fairbank

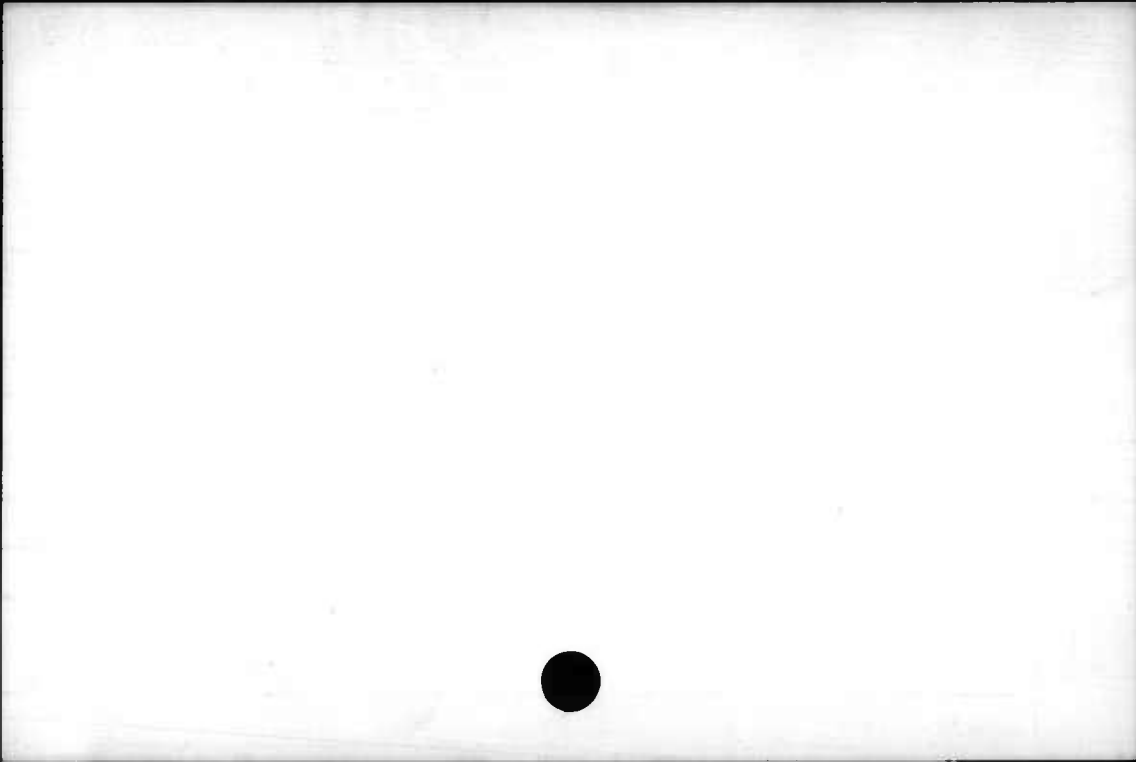
165.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i> <small>Town</small>			<i>Washington</i> <small>County</small>			MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age	<i>82</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>25</i> <small>Days</small>	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>		
Married, Single or Widowed			<i>Widow</i>				
Name of Wife or Husband			<i>John Fairbank</i>				
Father's Name	<i>Elizah Woods</i>			Father's Birthplace	<i>Baltimore</i>		
Mother's Maiden Name	<i>Marietta Woods</i>			Mother's Birthplace	<i>"</i>		
Name of person giving information			<i>M. D. Gaver</i>		How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Two months</i>
Immediate	<i>Prostration</i>	How long	<i>Twelve hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. Richardson</i>
		Address	<i>Williamport Md.</i>
Accident or Suicide?			



Name In Full

Certificate of Death

Thomas T. Frost
 Died at *Startown* ^{Town} *Wash* ^{County} **MARYLAND**

Date 1903 *11* ^{Month} *3* ^{Day} Age *64* ^{Y. M. D.} Native of *Ind* Occupation *Farmer*

Male White Married Widowed
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name Mother's Maiden Name *64*

Cause of Death { Primary Immediate *apoplexy* How long sick *12 days*
 Accident, Suicide, Homicide

Reported by *W. A. Smith Undertaker*
 Address *Leitersburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888



Name
in
Full

CERTIFICATE OF DEATH

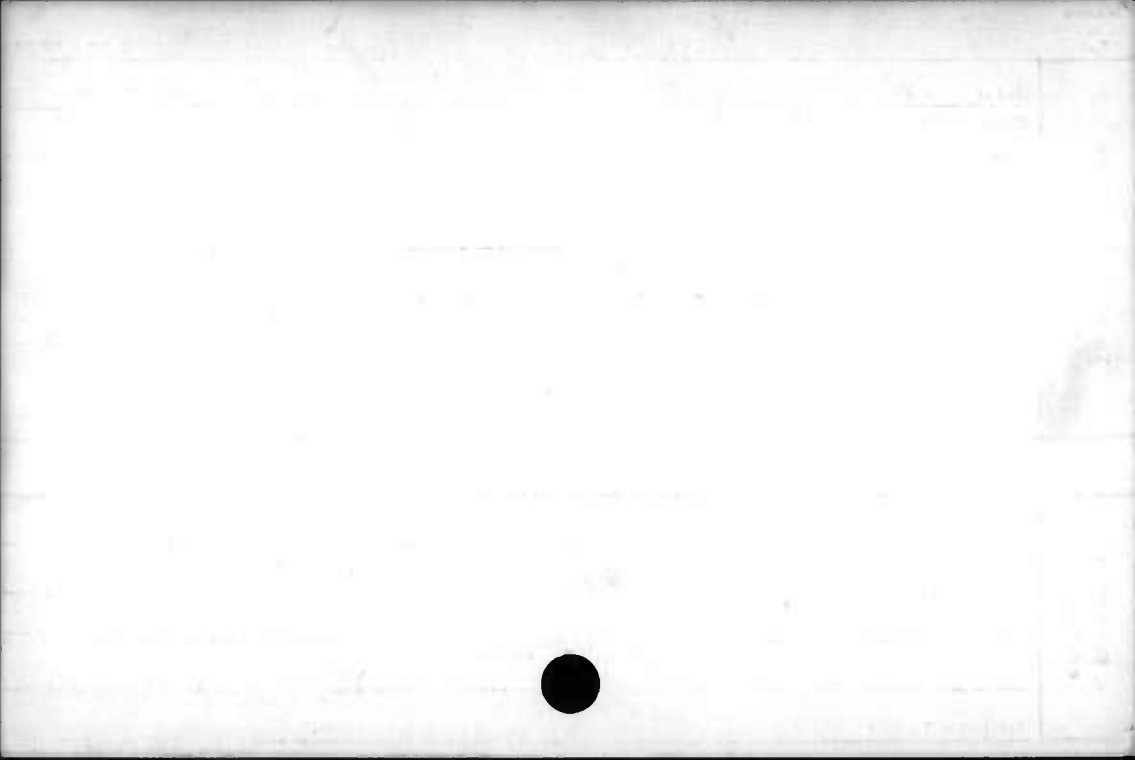
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Gates</i>		Town <i>Belleme</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Belleme</i>		Month <i>Nov</i>		Day <i>11</i>		Age <i>78</i>	
Date of death <i>1903</i>		Month <i>Nov</i>		Day <i>11</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Williamsport</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>154</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>but know</i>		Father's Birthplace <i>but know</i>					
Mother's Maiden Name <i>but know</i>		Mother's Birthplace <i>but know</i>					
Name of person giving Information <i>David Hayer</i>		How related to deceased <i>not any</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Seraility</i>		How long <i>1 mo</i>	
Immediate <i>Exhaustion</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. M. M. M. M.</i>	
Address <i>Hagerstown, Md.</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

Alvorda Gore

CERTIFICATE OF DEATH

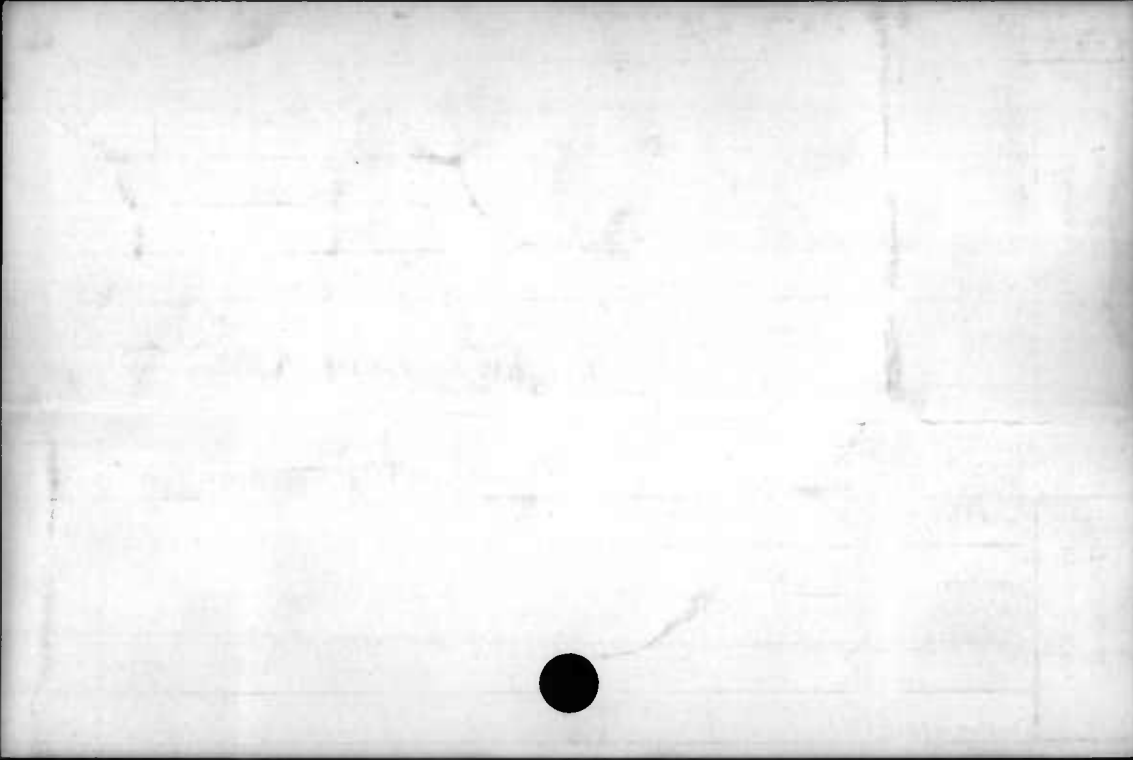
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Roxbury</i>		County <i>Franklin</i>		Pw. MARYLAND	
Date of death 190	3	Month <i>November</i>	Day <i>14</i>	Age <i>37</i>	Years <i>9</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore Co., Md.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>clerk</i>					
Name of Wife or Husband							
Father's Name <i>Christian Gore</i>				Father's Birthplace <i>Baltimore Co., Md.</i>			
Mother's Maiden Name <i>Hester A. Shamberger</i>				Mother's Birthplace <i>Baltimore Co., Md.</i>			
Name of person giving information <i>Mrs. Hester Gore</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration of Heart</i>	How long
Immediate " " "	How long <i>Perhaps 10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. J. May</i>
	Address <i>Roxbury Franklin Co., Pa.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Annie E. Harth

Town *Hagerstown* County *Wash.*

Died at *Hagerstown* *Wash.*

Date of death *1903* Month *Nov.* Day *15* Age *60* Months *8* Days *4*

Sex *female* Color or Race *white* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *Hagerstown, Md.*

Married, Single or Widowed *married* Name of Wife or Husband *David S. Harth.*

Father's Name *Bigham* 95 Father's Birthplace *Md.*

Mother's Maiden Name *Susanna Nufer* 95 Mother's Birthplace *Md.*

Name of person giving Information *Mrs. Scia Swartz* How related to deceased *daughter.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Edema of the Lungs* How long

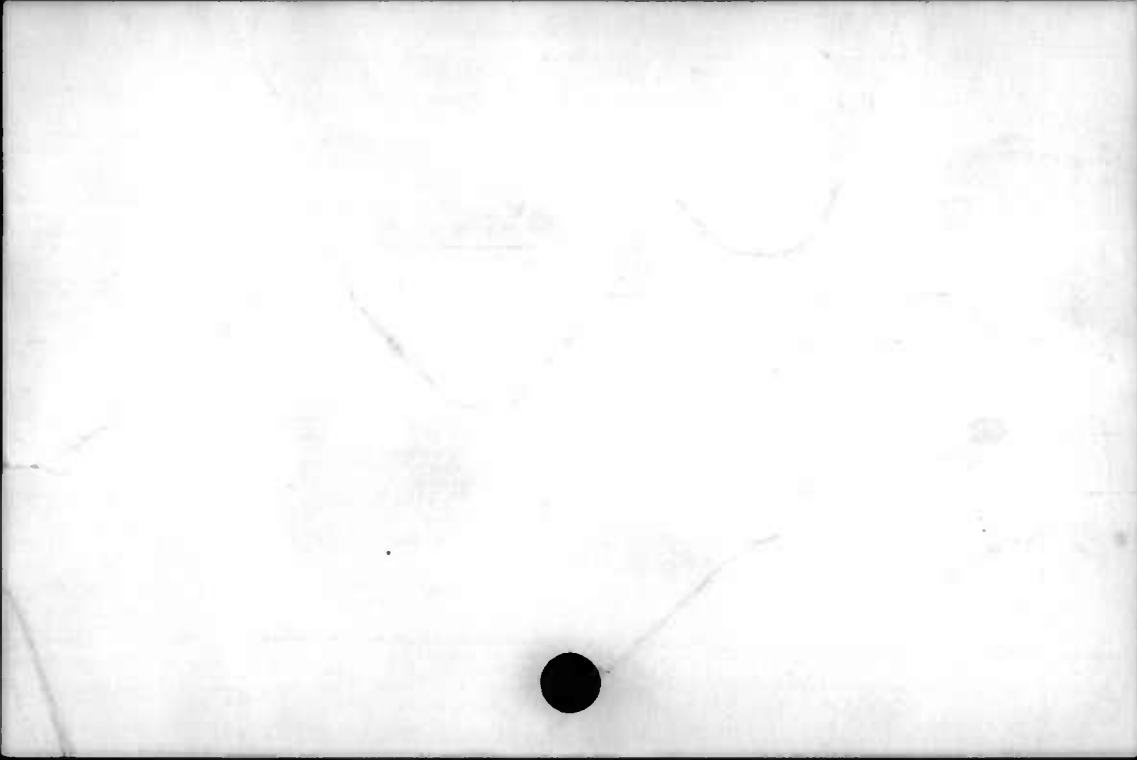
Immediate *Ethnic poisoning* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. W. W. W.*

Address *Hagerstown*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

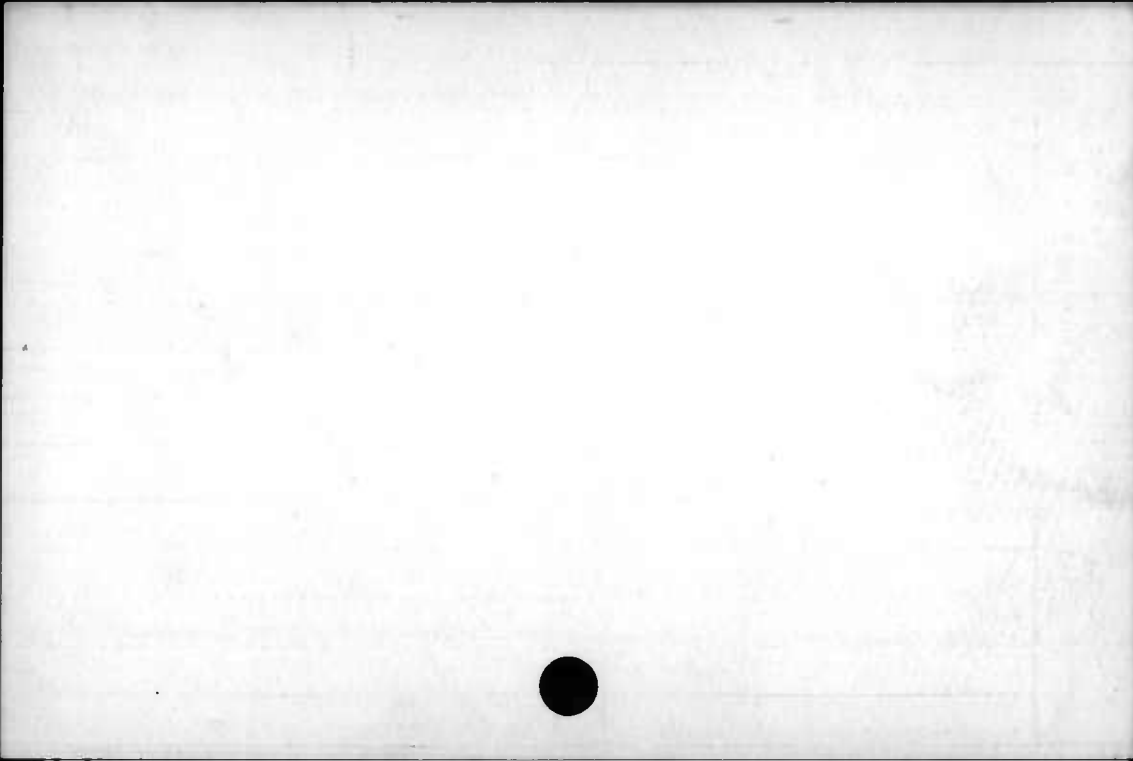
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clear Spring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i>	<i>Nov</i> ^{Month}	<i>18</i> ^{Day}	Age <i>22</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Wesley Hornbaker</i>					
Father's Name <i>Samuel Wolford</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna Berchoff</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wesley Hornbaker</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>five days</i>
Immediate <i>Neuralgia of the heart</i>	How long <i>forty eight hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank.</i>
	Address <i>Clear Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Emmert Nose

No 161

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
No 161		Md.		Washington			
Date of death 190	3	Month	Nov	Day	7	Age	Years 1 Months 21
Sex	Male		Color or Race	White		Birth-place	Williamsport
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				George W. Nose 151		Father's Birthplace Wilson Store	
Mother's Maiden Name				Lilly May. Hornish		Mother's Birthplace Camp Hill Pa	
Name of person giving information				Father		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	7 days
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Theo. Boose	
		Address	
Accident or Suicide?			

Otterbain Church

Name
in
Full

CERTIFICATE OF DEATH

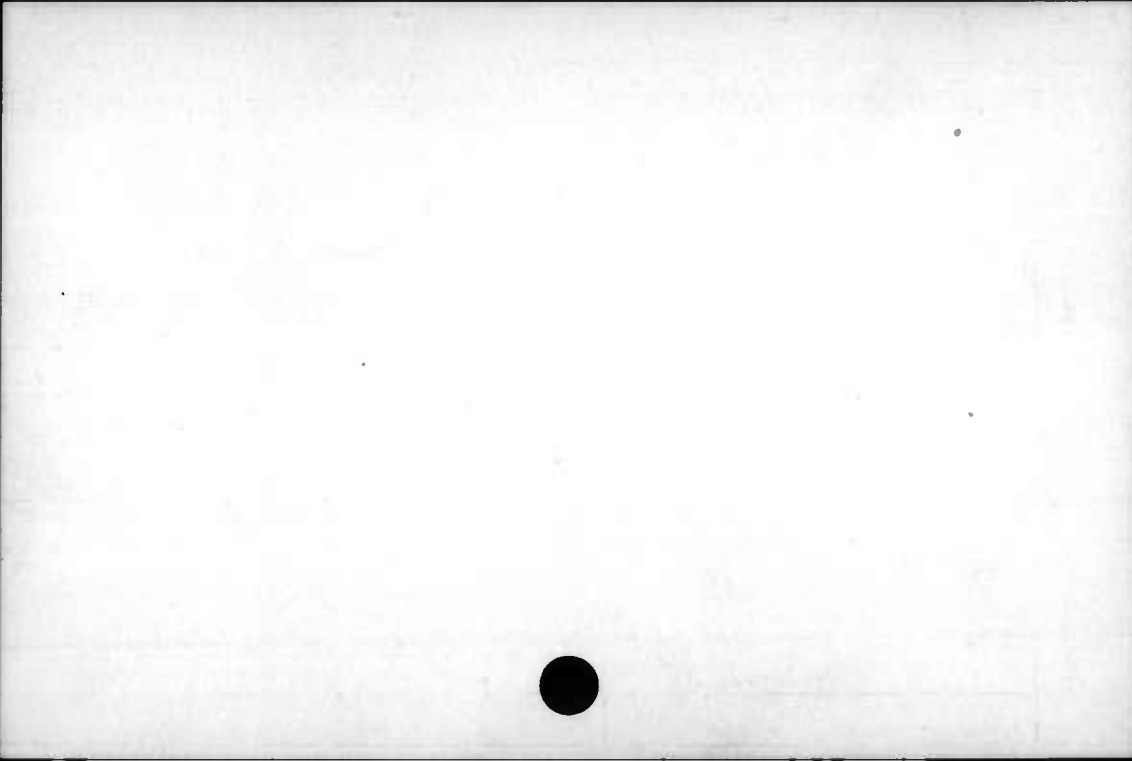
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Clearspring		Washington		MARYLAND			
Date of death 190		3	Month 11	Day 10	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Clearspring
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				Chas. A. Hyde		Father's Birthplace			Maryland
Mother's Maiden Name				Blanche Rhodes		Mother's Birthplace			Maryland
Name of person giving information				Chas. A. Hyde		How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Abraham Shank
Address		Clearspring Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

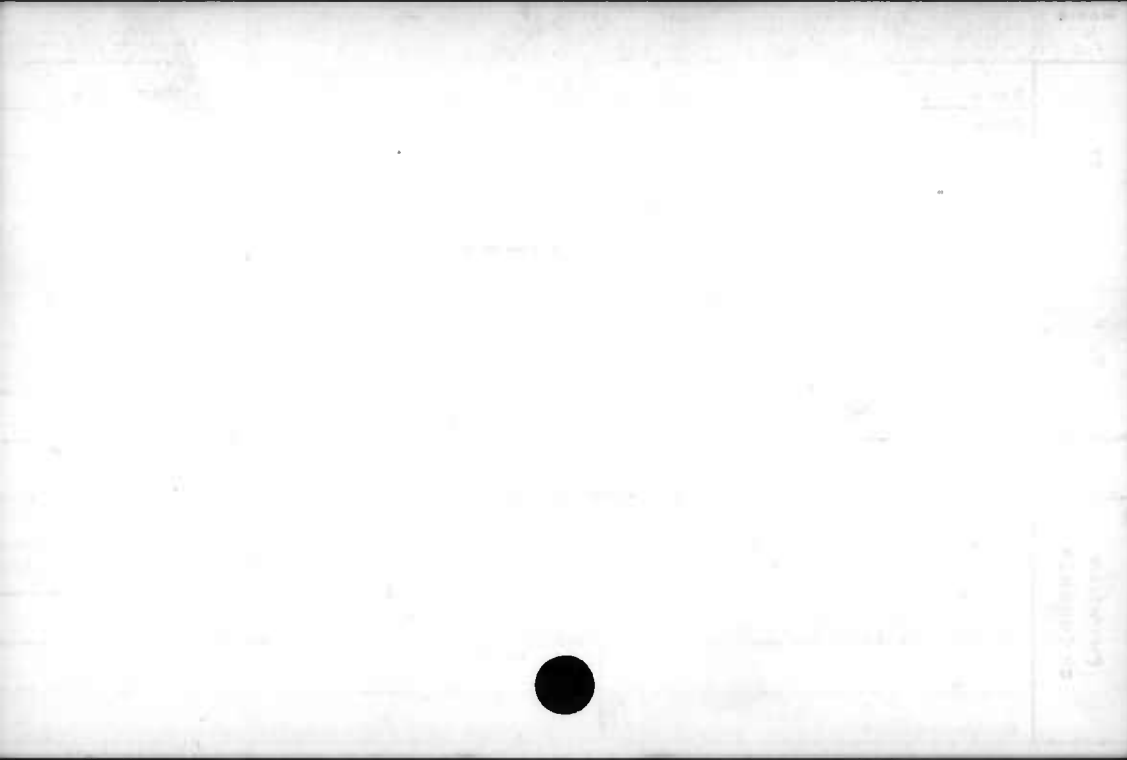
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Born</i>		<i>Jones</i>		County		TOWN	
Died at <i>Hagerstown</i>		<i>Washington</i>		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death <i>1903</i>	<i>H.</i>	<i>14</i>	<i>—</i>	<i>—</i>	<i>—</i>		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Walter Jones</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Margaret Broom</i>			Mother's Birthplace <i>md</i>				
Name of person giving Information <i>Margaret Broom</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Andrew K. Hoffman</i>	
	Address <i>Hagerstown md</i>	
	<i>Andstoker</i>	
Accident or Suicide?		



Name
in
Full

Mrs. Linorah Keafur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Wash</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>85</i>	Months <i>4</i> Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>Hagerstown, Md.</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Jacob Keafur</i>				
Father's Name <i>John P. Goblentz</i>	<i>20</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Kath. Culler</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>Mrs Geo. Koogle</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Chronic interstitial nephritis + complication</i>	<i>Nov. 10 - 18.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. G. Hoffmeier</i>
	Address <i>1016 Antietam St., Hagerstown Md.</i>
Accident or Suicide?	

Burial at Middletown

Name
in
Full

CERTIFICATE OF DEATH

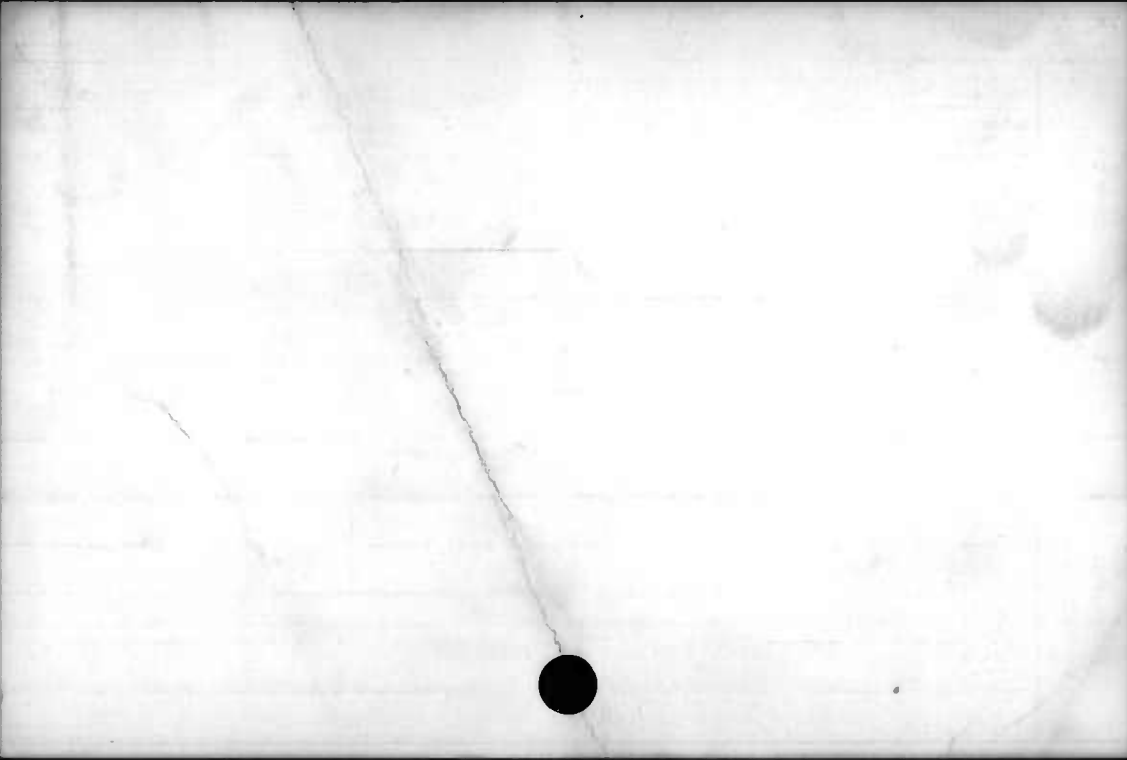
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Caroline / Lees</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>21</i>		Age <i>71</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Gen / Lees</i>					
Father's Name <i>—</i>		154		Father's Birthplace			
Mother's Maiden Name <i>—</i>				Mother's Birthplace			
Name of person giving Information <i>Daughter</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>pneumonia</i>	How long <i>about 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. J. ...</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>no</i>	



Name in Full

Certificate of Death

Luella Lapole

Town

County

Died at

Bovonsboro

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11

20

Age 21

Maryland Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

none

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

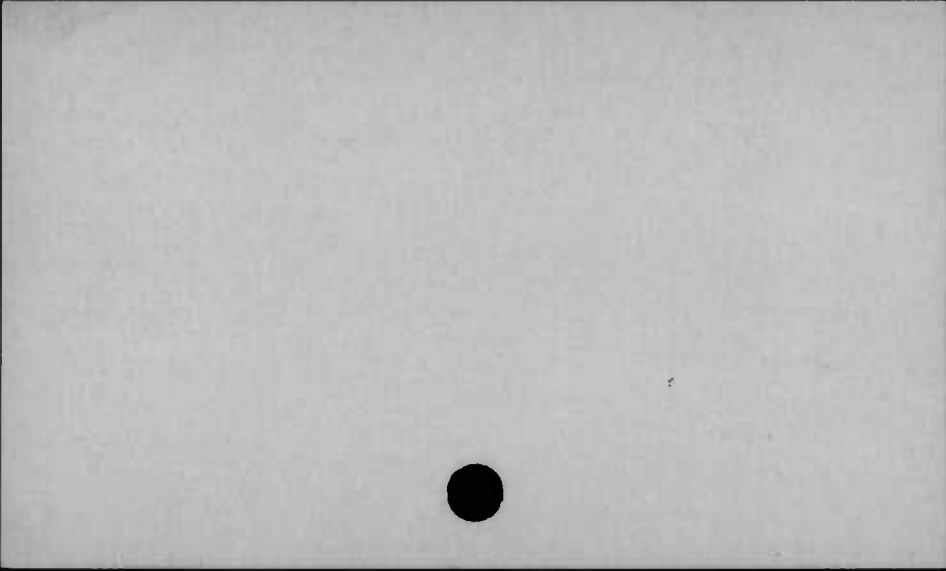
How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REED



Name
in
Full

Charles Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Nov</i> ^{Month}	<i>9</i> ^{Day}	Age <i>81</i> ^{Years}	<i>2</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation <i>-</i>		
Name of Wife or Husband					
Father's Name <i>Washington Lewis</i>			Father's Birthplace <i>Dont. Know</i>		
Mother's Maiden Name <i>Dont. Know</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm Earley</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paraplegia</i>	How long <i>Several years</i>
Immediate <i>General debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. M. Garrett</i>
	Address <i>Chambersburg, Ind.</i>
Accident or Suicide?	

Eugene Markes,
Undertaker

Name
in
Full

Emory Edmund Long No 159

CERTIFICATE OF DEATH

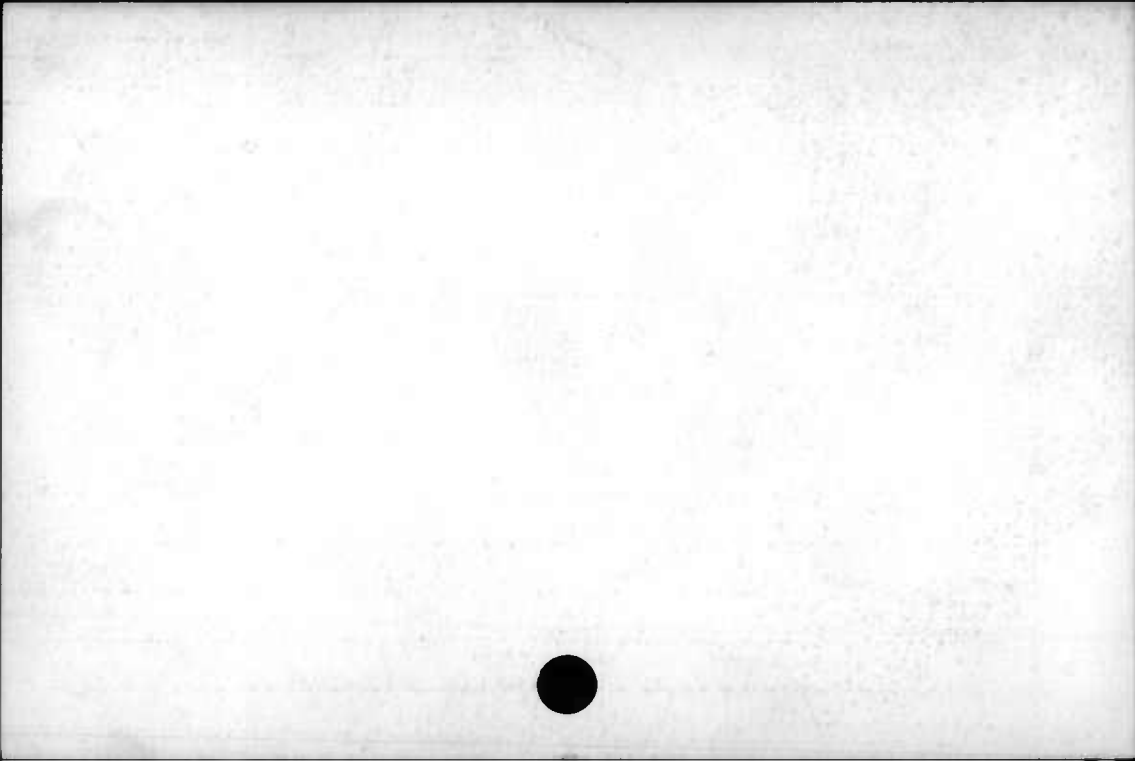
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Nov.</i> ^{Month}	<i>3</i> ^{Day}	Age <i>36</i> ^{Years}	<i>6</i> ^{Months}	<i>+</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wmst Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Boatman</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John W. Long</i>			Father's Birthplace <i>Wmst Md</i>		
Mother's Maiden Name <i>Margi Louisa Carrish</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Joe Long</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Subject to decision of Jury</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Silas W. Lyday

CERTIFICATE OF DEATH

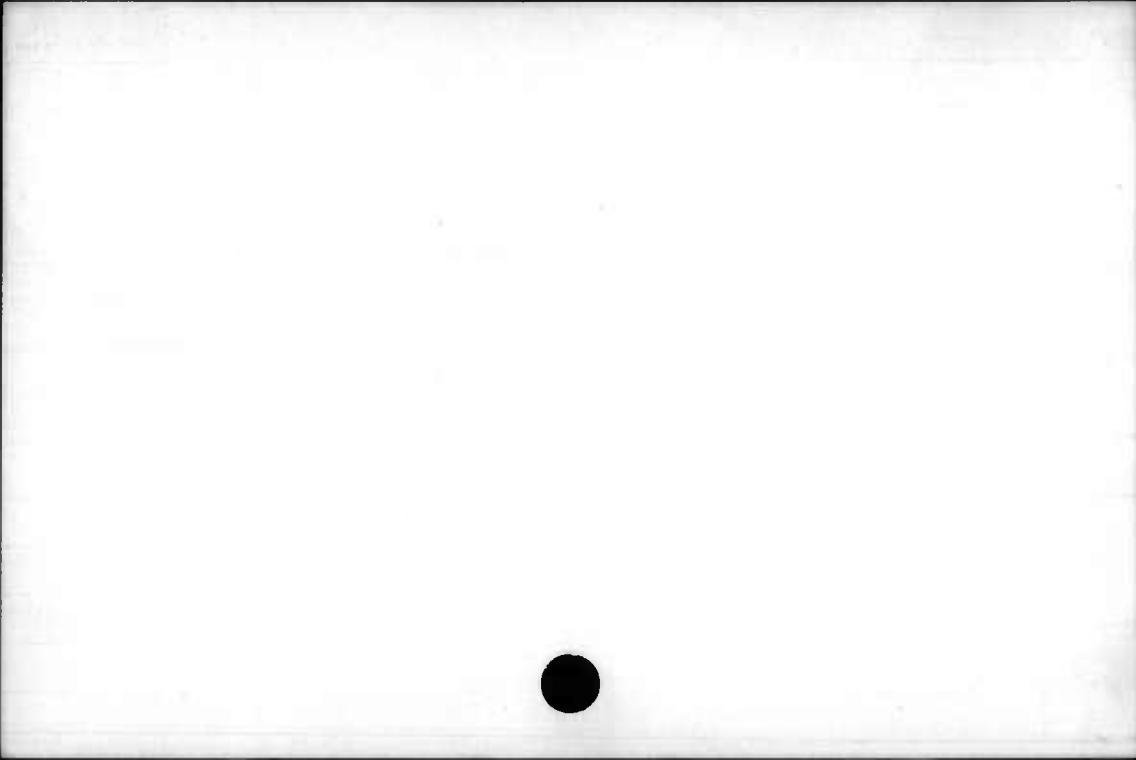
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1903		Month 11		Day 24		Age 57	
Sex Male		Color or Race White		Birth-place Washington Co		Months 11 Days 21	
Occupation Laborer		Where Residing if not at place of death —					
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Henry Lyday		Father's Birthplace N. York State					
Mother's Maiden Name Martha Abrams		Mother's Birthplace Md.					
Name of person giving Information John Reinhardt		How related to deceased brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma hypertrophy & valvular diseases</i>	How long	<i>several years</i>
Immediate	<i>Acute degenerative aortic heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John M. Stick M.D.	
Address		<i>Smithsburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John M^c. Caudles.*

Town *Hancock* County *Harrison* MARYLAND

Died at *Hancock*

Date of death *1903* Month *Nov* Day *5* Age *70* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Morgan C. W. Va*

Occupation *Labrer* Where Residing if not at place of death *Died at Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Jane M^c. Caudles*

Father's Name *James M^c. Caudles* Father's Birthplace *Morgan C. W. Va*

Mother's Maiden Name *Not Known* Mother's Birthplace

Name of person giving Information *Mary Jane M^c. Caudles* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Laryngitis* How long *2 wks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. A. West*

Address *Hancock*

Accident or Suicide? *No*



James E Marshall

Town

County

State

MARYLAND

Died at

Trago

Washington

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11

11

Age

1

9

11

Md

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

James E Marshall

Annie R Springer

Cause of

Primary

Croup

How long sick

1 Day

Death

Immediate

Asphyxiation

~~Accident, Suicide, Homicide~~

Reported by

L E Luman + Son

Address

Kendysville Md

No Physician

Must be signed by physician, if any attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

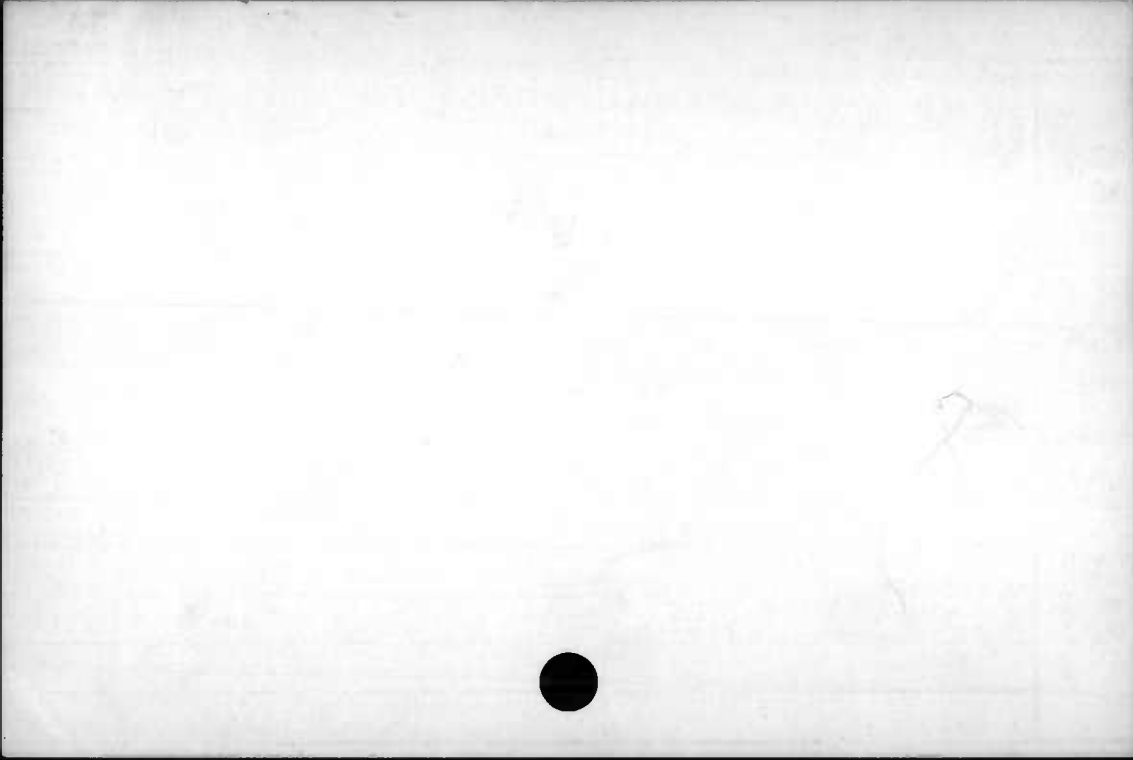
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nov 17 Mangumville</i>		Town <i>Washington</i>		County	
MARYLAND					
Date of death 1903	Month <i>Nov</i>	Day <i>17</i>	Age <i>3 hours</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Mangumville</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Daniel Martin</i>			Father's Birthplace <i>Mangumville</i>		
Mother's Maiden Name <i>Sallie W. Martin</i>			Mother's Birthplace <i>Mangumville</i>		
Name of person giving Information			How related to deceased <i>Parents</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Prematurity</i>	How long	<i>6 mo</i>
Immediate	<i>"</i>	How long	<i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Preston Miller</i>	
		Address <i>Mangumville, Ark.</i>	
Accident or Suicide?			



Name
in
Full

Daniel Livers Martin,

CERTIFICATE OF DEATH

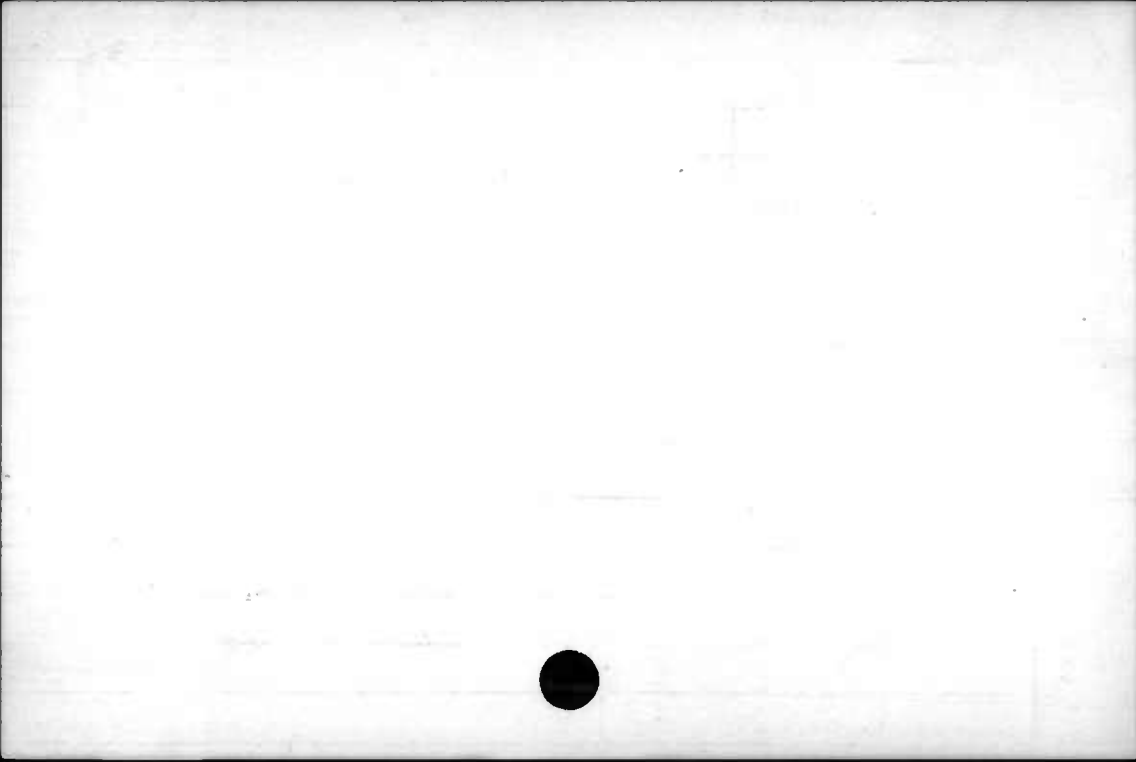
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanis Run</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month <i>11</i>	Day <i>28</i>	Years <i>71</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or husband <i>Elizabeth Henstine</i>					
Father's Name <i>Daniel Martin</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elizabeth Livers</i>			Mother's Birthplace <i>md</i>		
Name of person giving In formation <i>O Fredk Martin</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>Few minutes</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. J. Mason, M.D.</i>	
		Address <i>Clearspring</i> <i>md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Sallie v Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Mangansville		Washington					
Date of death 1903	Month	Day	Years	Months	Days		
3	11	24 th	26	8	4		
Sex	female	Color or Race	white	Birth-place	Mangansville		
Married, Single or Widowed	married		Occupation	house wife			
Name of Wife or Husband							
Father's Name				Daniel Martin			
Mother's Maiden Name				Sallie v McNamee			
Name of person giving information				Daniel Martin			
Father's Birthplace				Mangansville			
Mother's Birthplace				Mangansville			
How related to deceased				husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	8 months
Immediate	exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		W. Preston Miller		
Address		Hagerstown, Md.		
Accident or Suicide?		—		



Name
in
Full

Hilda Menefee.

CERTIFICATE OF DEATH

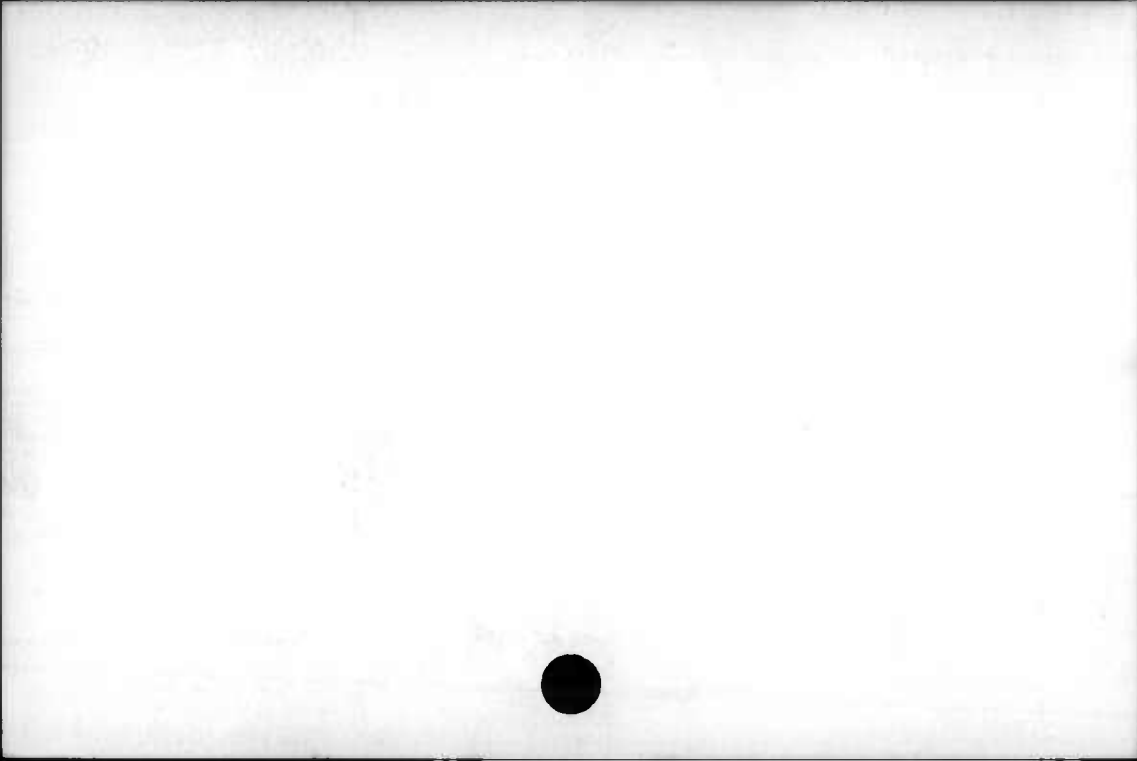
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1903</i> ^{Month}	<i>Nov.</i> ^{Day}	<i>12</i> ^{Age}	<i>3</i> ^{Years}	<i>3</i> ^{Months}
<i>20</i> ^{Days}		Sex <i>female</i>		Color or Race <i>white</i>	Birth-place <i>Md.</i>
Occupation <i>child</i>		Where Residing if not at place of death <i>Hagerstown, Md.</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Granger B. Menefee</i>		Father's Birthplace <i>Va.</i>			
Mother's Maiden Name <i>Estelle Crim</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving Information <i>Dr. B. Menefee</i>		How related to deceased <i>father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Mannan</i>
	Address <i>1821 ne corner</i>
Accident or Suicide?	



Name
in
Full

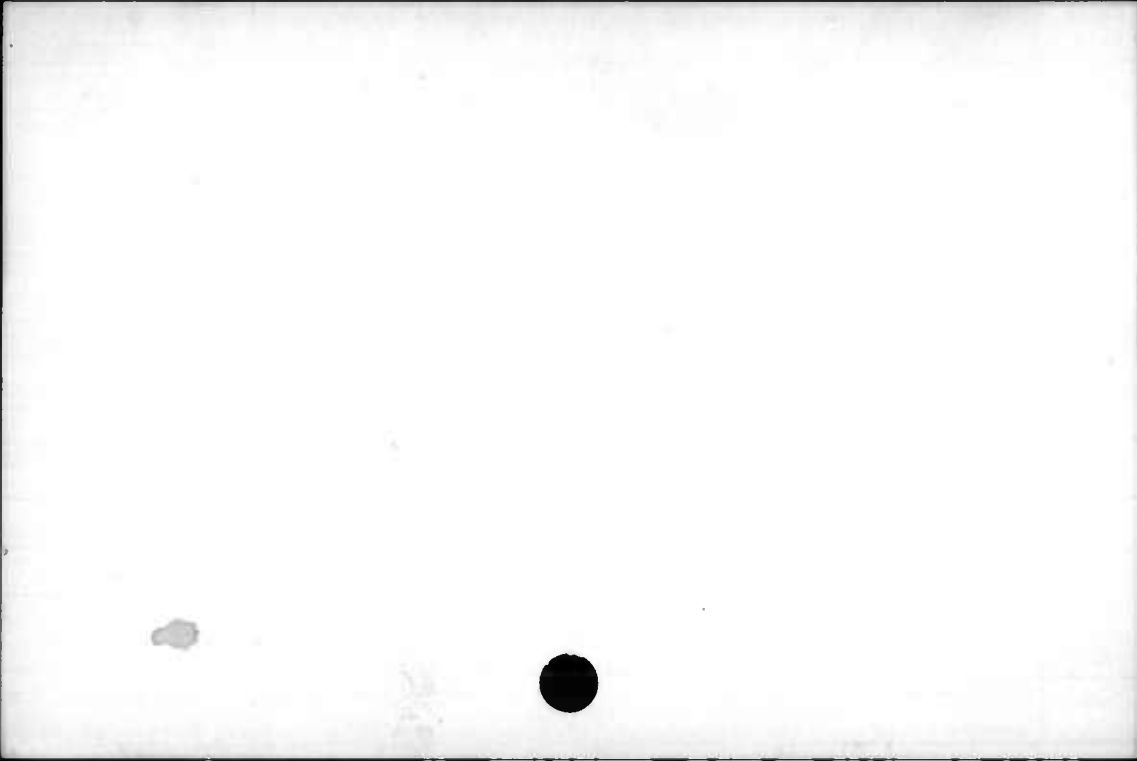
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Susan Rebecca Miller</i>		Town <i>Pleasant Valley</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Pleasant Valley</i>		Month <i>11</i>		Day <i>30</i>		Age <i>4</i>	
Date of death <i>1903</i>		Month <i>11</i>		Day <i>30</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pleasant Valley</i>		Where Residing if not at place of death	
Occupation <i>—</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Emory Smith</i>	
Mother's Maiden Name <i>Lillie Miller</i>		Father's Birthplace <i>Ma</i>		Mother's Birthplace <i>Ma</i>		How related to deceased <i>Grand father</i>	
Name of person giving Information <i>John P. Miller</i>		CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary <i>dysentery</i>		How long <i>5 days</i>	
Immediate <i>Cardiac failure from Typhemia</i>		How long <i>about 8 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John H. Steek M.D.</i>	
		Address <i>Smithsburg Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John A. Miller</i>		Town <i>Shady Grove</i>		County <i>Washington</i>		MAYLAND					
Died at		Month <i>11</i>		Day <i>14</i>		Years <i>86</i>		Months <i>5</i>		Days	
Date of death <i>1903</i>				Age							
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place							
Occupation <i>Retired</i>				Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>Lethe Hauer</i>									
Father's Name <i>Samuel Miller</i>		Father's Birthplace									
Mother's Maiden Name <i>Mary Pirey</i>		Mother's Birthplace									
Name of person giving in formation <i>Samuel Miller</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

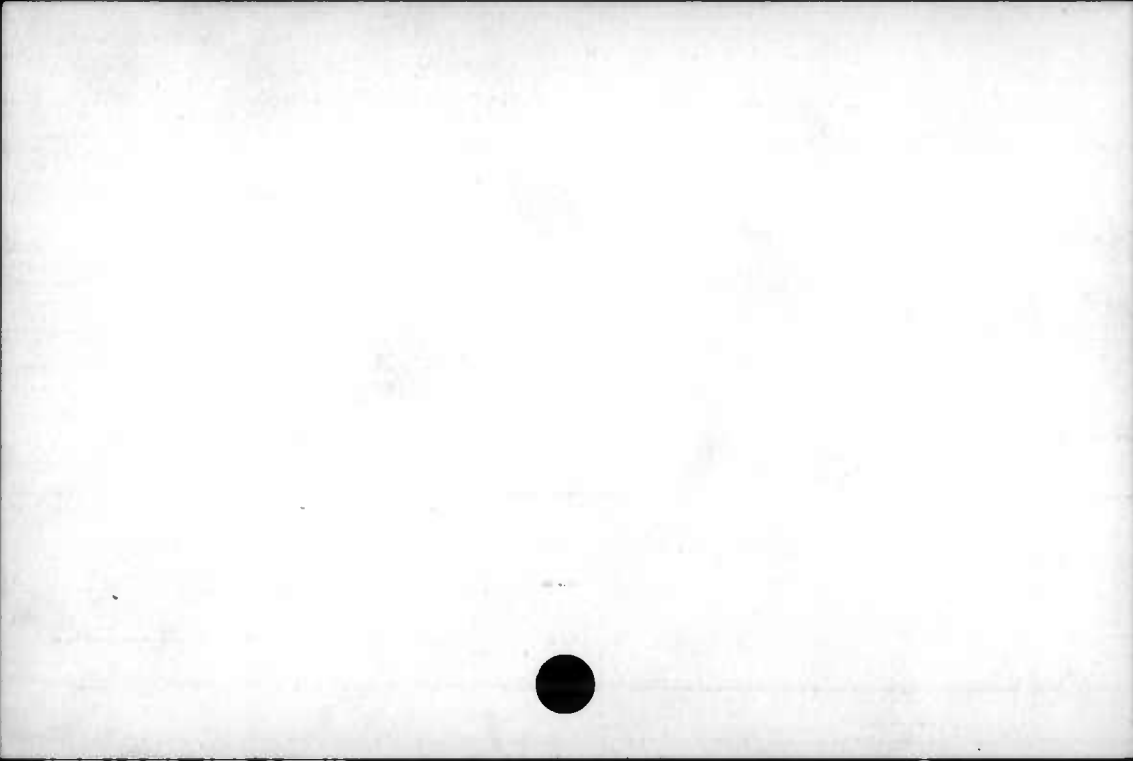
Primary <i>Old age</i>	How long <i>Three months</i>
Immediate <i>Heart failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clear Spring Washington County, Md.</i>
<i>Accident or Suicide?</i>	



Name in Full		Levi Muller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tcwn Bellevue		County Wash		MARYLAND	
	Date of death 190	3.	Month Nov	Day 21	Age	Years	Months Days
	Sex	Male		Color or Race	Colored.		Birth-place Hagerstown.
	Married, Single or Widowed	Married			Occupation		
	Name of Wife or Husband						
	Fether's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving Information			How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	General Tuberculosis				How long	1.5 yrs.
	Immediate	Exhaustion				How long	_____
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician W. B. Morrison		
					Address Hagerstown Md.		
	Accident or Suicide?				No		

SV- 963

Name in Full		Chas Edward Mills		No 160		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Williamsport.		^{County} Washington		MARYLAND	
		Date of death 1903		Month Nov.		Day 4	
		Age		Years —		Months 2	
		Sex Male		Color or Race White		Birth-place Rockwood Pa	
		Married, Single or Widowed —		Occupation —			
		Name of Wife or Husband —					
		Father's Name Chas Edward Mills		Father's Birthplace H. Meph. Pa			
Mother's Maiden Name Bessie Robinson		Mother's Birthplace " "					
Name of person giving information Mrs Robinson		How related to deceased Grandmother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Delicate Condition				How long 5 Wks —	
		Immediate Spasms —				How long —	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician None in attendance	
		information by Mother				Address returned by J F Krups Undertaker	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Murdock</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>24</i>		Years <i>77</i>	
Date of death <i>1903</i>		Month <i>11</i>		Day <i>24</i>		Age <i>77</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Ayrshire Scotland</i>		Months <i>-</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Murdock</i>		Father's Name <i>William Murdock</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Elizabeth Moser</i>		Mother's Birthplace <i>Sturtevant</i>		How related to deceased <i>Son</i>		How related to deceased <i>Son</i>	
Name of person giving Information <i>William Murdock</i>		Name of person giving Information <i>William Murdock</i>		Name of person giving Information <i>William Murdock</i>		Name of person giving Information <i>William Murdock</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Several months</i>
Immediate <i>Cerebral Paralysis</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Scott</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>-</i>	



Frederick Myers

Town

County

Died at

MARYLAND

Date

Month

Day

Age

M.

Native of

Occupation

1903

11

4

10

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fallingwaters</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>5</i>		Age Years <i>—</i> Months <i>—</i> Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Fallingwaters</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Lincoln Myers</i>		108		Father's Birthplace			
Mother's Maiden Name <i>Ida Davis</i>				Mother's Birthplace			
Name of person giving In formation <i>J. F. Kupe</i>				How related to deceased <i>undertaker</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>1</i>		How long	
Immediate <i>Rupture of intestines</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. F. Kupe</i>	
		Address <i>Undertaker</i>	
Accident or Suicide?			

Otterbarn Church
in The neck

Name
in
Full

Child of Wm & Mary Nalley.

CERTIFICATE OF DEATH

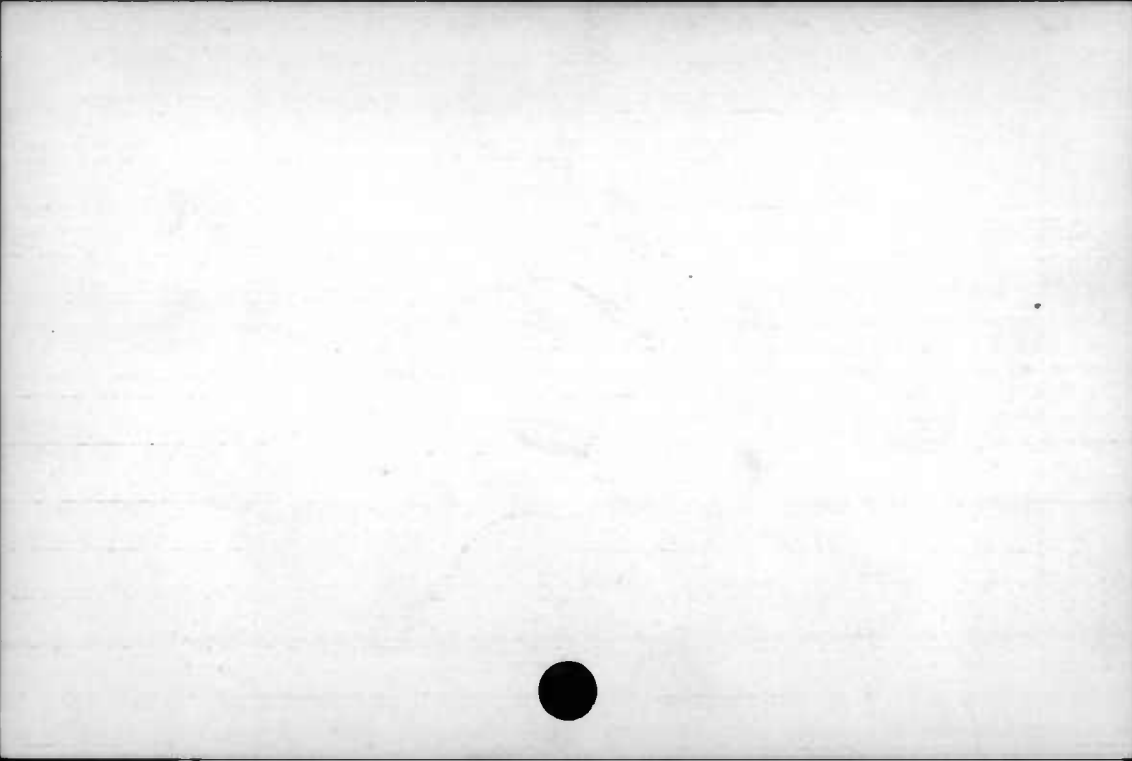
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Wash.					
Date of death 190	3	Month	Nov	Day	14	Age	—
Sex		Color or Race		Birth-place		Months	
male		white		Md.		4	
Married, Single or Widowed		Occupation					
single		Child					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Wm Nalley				Md.			
Mother's Maiden Name				Mother's Birthplace			
Mary Armstrong				"			
Name of person giving information				How related to deceased			
Wm Nalley				father.			

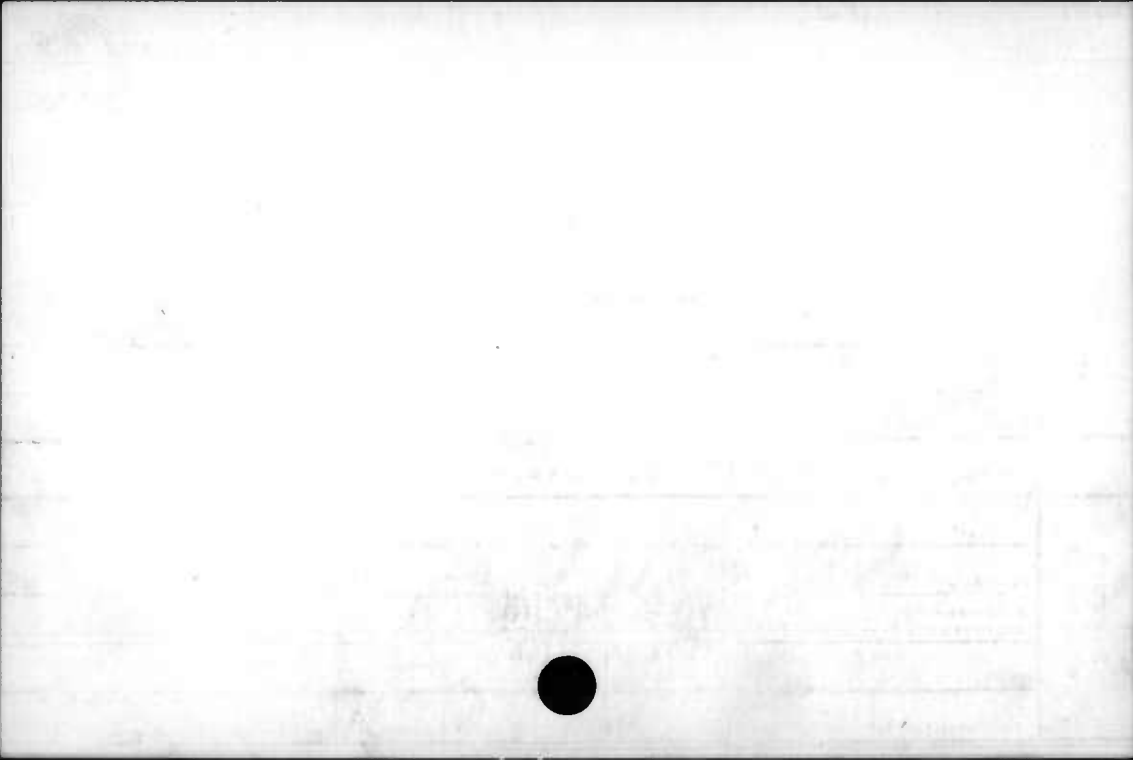
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Acute Indigestion		12 Hours.	
Immediate		How long	
"		"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		Witten D. Williams, Jr.	
		Address	
		Hagerstown, Md.	
Accident or Suicide?			
—			



Name in Full		George & Nave				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Washington		MARYLAND	
	Date of death	1903	Month Nov	Day 3	Age 68	Years 1	Months —
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name or Wife or Husband			
	Father's Name	Not Known		Father's Birthplace			
	Mother's Maiden Name	Not Known		Mother's Birthplace			
	Name of person giving Information	Henry C Carpenter		How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Anemic, Catarrh of General Debility				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					1892 no town		
Accident or Suicide?							



Name
in
Full

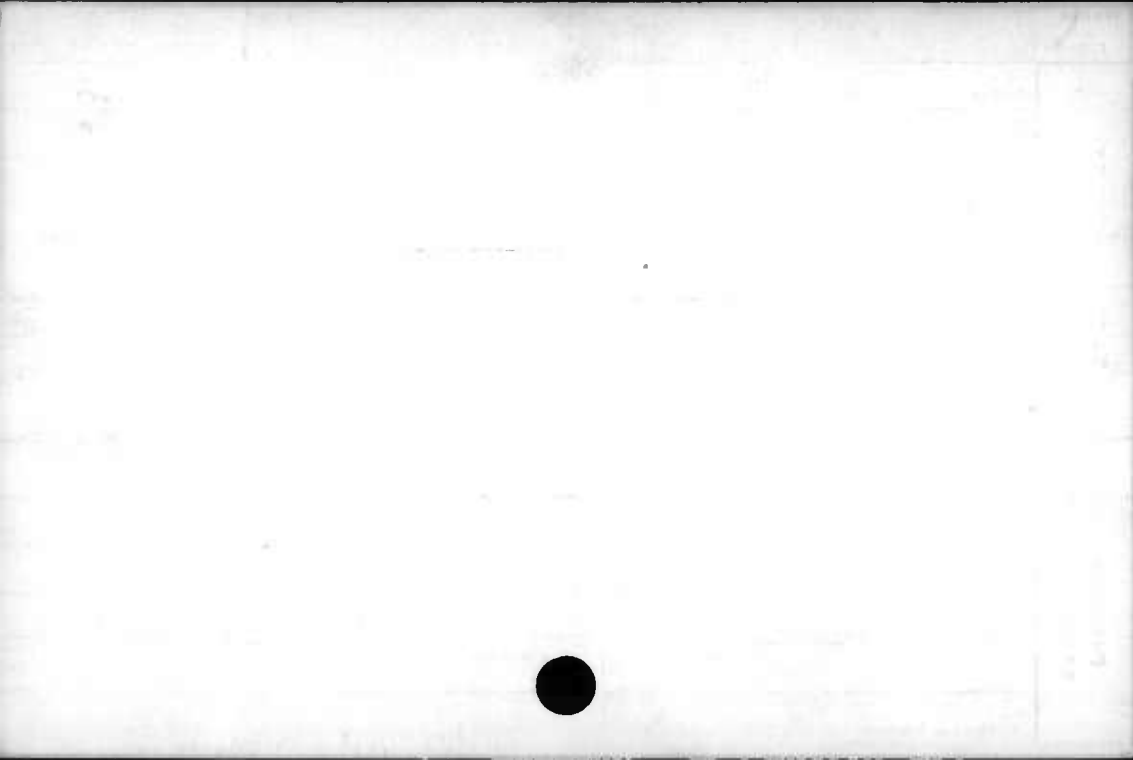
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Callie B Newbomer				Town		County		MARYLAND	
Died at		Hayristown		Washington							
Date of death		1903		Month 11		Day 14		Age 5-6		Months -	
Sex		Female		Color or Race		White		Birth-place		Md	
Occupation		House work		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		John W Newbomer					
Father's Name		John Shaffer		Father's Birthplace		Md					
Mother's Maiden Name		Mary Hisher		Mother's Birthplace		Md					
Name of person giving Information		John Newbomer		How related to deceased		Husband					
CAUSES OF DEATH											

PHYSICIAN
OR CORONER

Primary		Paralysis		How long		6 wks	
Immediate		asthma		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		A. P. Clauffer Hagerslow, Md	
Accident or Suicide?							



Name
in
Full

Sarah Protzman

CERTIFICATE OF DEATH

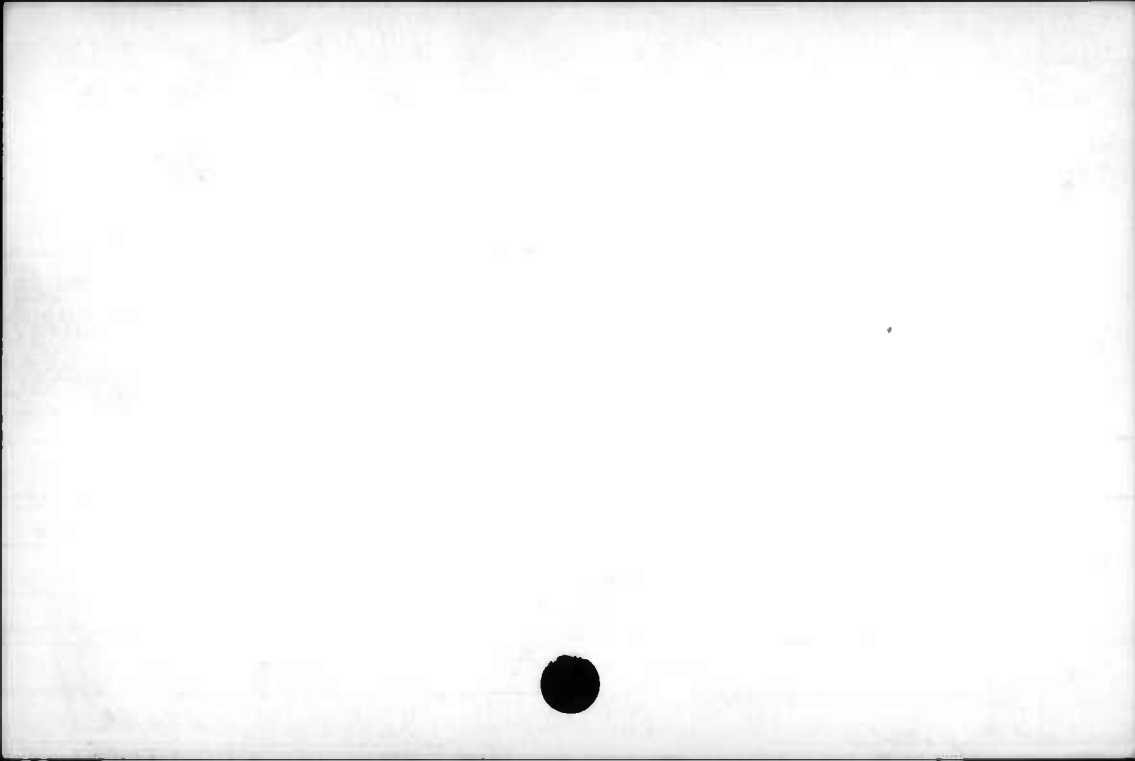
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Nov	9 th	67		2	18
Sex		Color or Race		Birth-place			
Female		White		Pa			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah Protzman					
Father's Name		Father's Birthplace					
Joel Singer		Pa					
Mother's Maiden Name		Mother's Birthplace					
Knows		Pa					
Name of person giving Information		How related to deceased					
Br Jos. Protzman		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Intestinal Obstruction		Two Weeks	
Immediate		How long	
"		"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Br Jos. Protzman	
		Address	
		Smithsburg	
Accident or Suicide?		Maryland	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daniel L. Renner

Died at ^{Town} near Snokeloire ^{County} Washington MARYLANDDate of death 1903 ^{Month} 11 ^{Day} 10 ^{Age} 27 ^{Years} ^{Months} ^{Days}Sex male ^{Color or Race} white ^{Birth-place} Snoketown~~Married, Single or Widowed~~ ^{Occupation} Laborer

Name of Wife or Husband

Father's Name Daniel Renner

Father's Birthplace — Va

Mother's Maiden Name Francis A. Brady

Mother's Birthplace Washington

Name of person giving information Francis A. Renner

How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Typhoid Fever ^{How long} 6 weeksImmediate Peritonitis ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

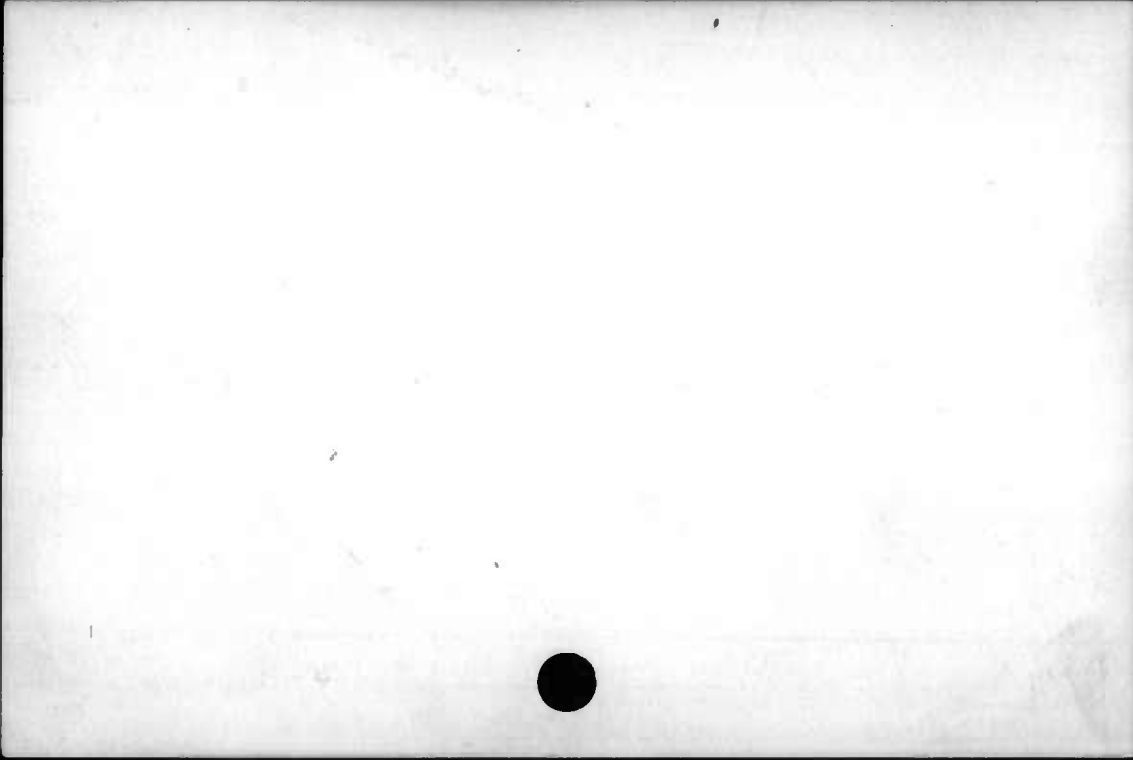
E. J. Smith

Address

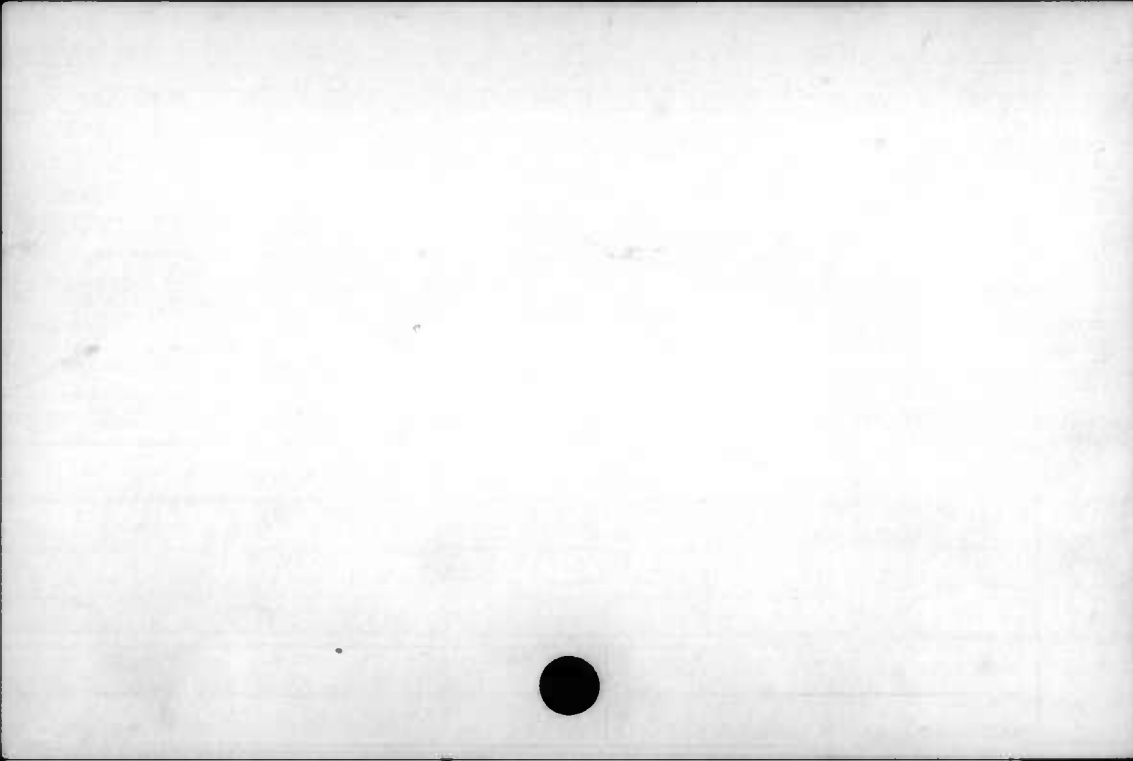
Boulevard

Ma

Accident or Suicide?



Name In Full		William Renner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Smoke Town	County Wash	MARYLAND		
		Date of death 1903		Month Nov	Day 18	Age 23	Years	Months
		Sex Male		Color or Race White		Birth- place Smoke Town		
		Married, Single or Widowed		Single		Occupation Laborer		
		Name of Wife or Husband						
		Father's Name Daniel Renner				Father's Birthplace		
		Mother's Maiden Name Francis Brady				Mother's Birthplace Virginia		
PHYSICIAN OR CORONER		Name of person giving In formation Francis Renner				How related to deceased Mother		
		CAUSES OF DEATH						
		Primary Typhoid Fever				How long 21 days		
		Immediate Heart Failure				How long Immediate		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician L. S. Davis		
				Address Bronsboro				
		Accident or Suicide?						



Name
in
Full

Mrs Agnes Resh

CERTIFICATE OF DEATH

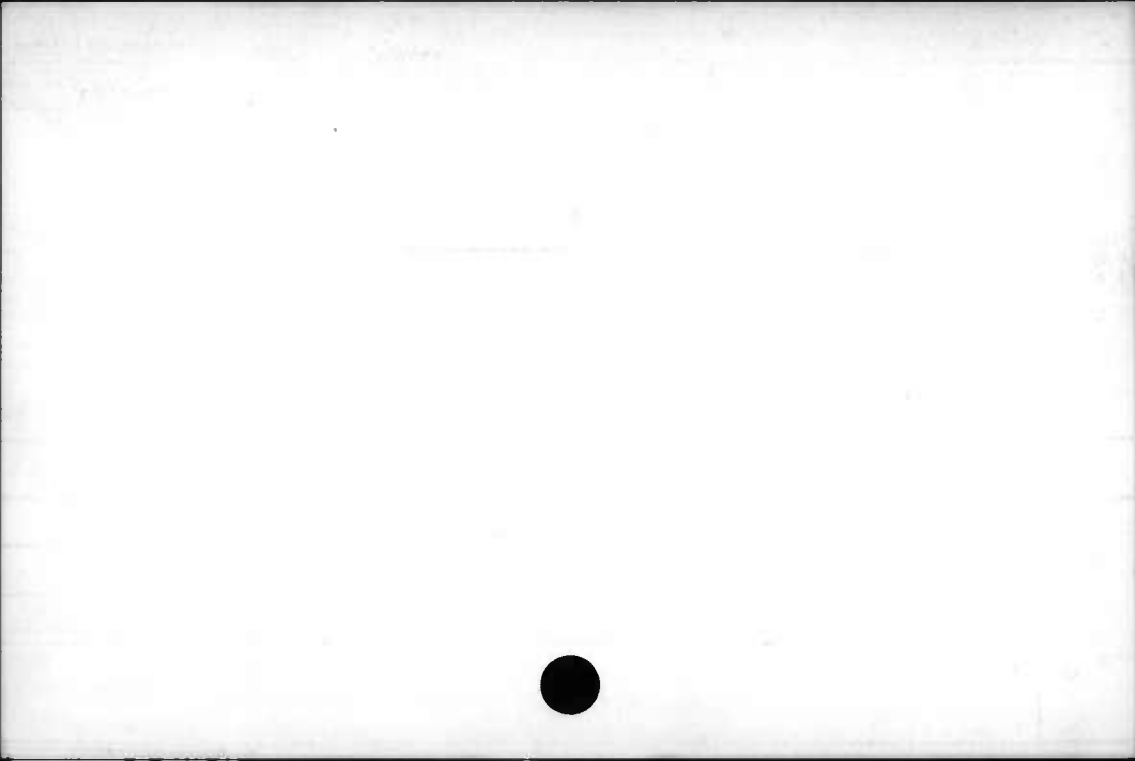
TO BE ANSWERED BY
NEAREST FRIEND

Bradford

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>3</u> ^{Month}	<u>11</u> ^{Day}	Age <u>72</u> ^{Years}	<u>3-</u> ^{Months}	<u>15</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Benjamin Resh</u>				
Father's Name <u>Abraham Puttlinger</u>	Father's Birthplace <u>Europe</u>				
Mother's Maiden Name <u>Mrs</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Franklin Resh</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary <u>Cardiac, Asthma</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E A Markham</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide?	



Name
in
Full

William Reynold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death		190	3	Nov.	Day	17	Age
						Years	75
						Months	2
						Days	20
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>Hagerstown, Md.</i>			
Married, Single or Widowed	<i>married</i>			Name of Wife or Husband <i>Ann Reynold</i>			
Father's Name	<i>George Reynold</i>				Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Not Known</i>				Mother's Birthplace		
Name of person giving Information	<i>Ann Reynold</i>				How related to deceased <i>wife.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Atheroma</i>	How long	<i>Several months</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Peou</i>	
<i>yes</i>		Address <i>Hagerstown</i>	
Accident or Suicide? <i>no</i>			

Buried at Lüthsbury

Name
in
Full

CERTIFICATE OF DEATH

Abram Seidenstricker

County

MARYLAND

Died at Baltimore

Date of death 1903 Nov. 24 Age 60

Months

Days

Sex male

Color as
found

white

Birth-
place

Md.

Occupation

confectioner

Where Residing or not
at place of death

Balto. Md.

Married, Single
or Widowed

married

Name of Wife or
Husband

Mrs. Mary Seidenstricker

Father's
Name

Solomon Seidenstricker

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Funk

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Mary Seidenstricker

How related
to deceased

wife

CAUSES OF DEATH

Primary

Bright's Disease

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

YES

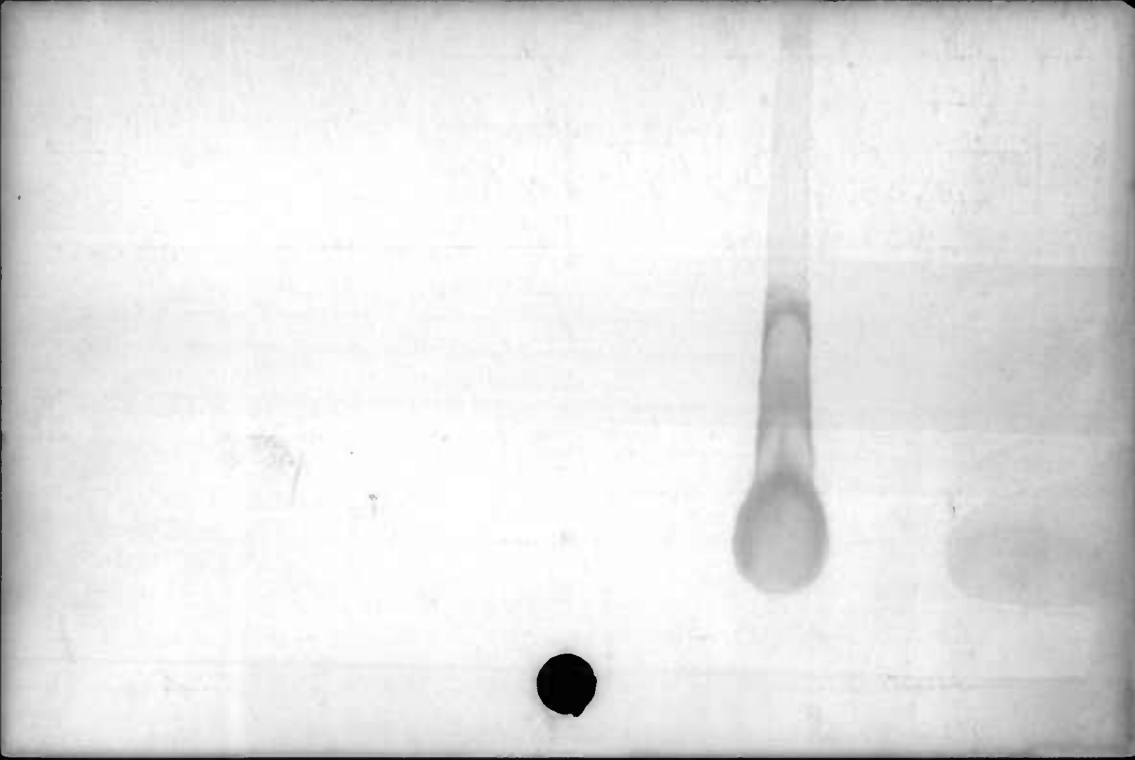
Signature of
Physician

Address

C. M. Suter Undertaker
Lagerstown,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan E. Shaffer

CERTIFICATE OF DEATH

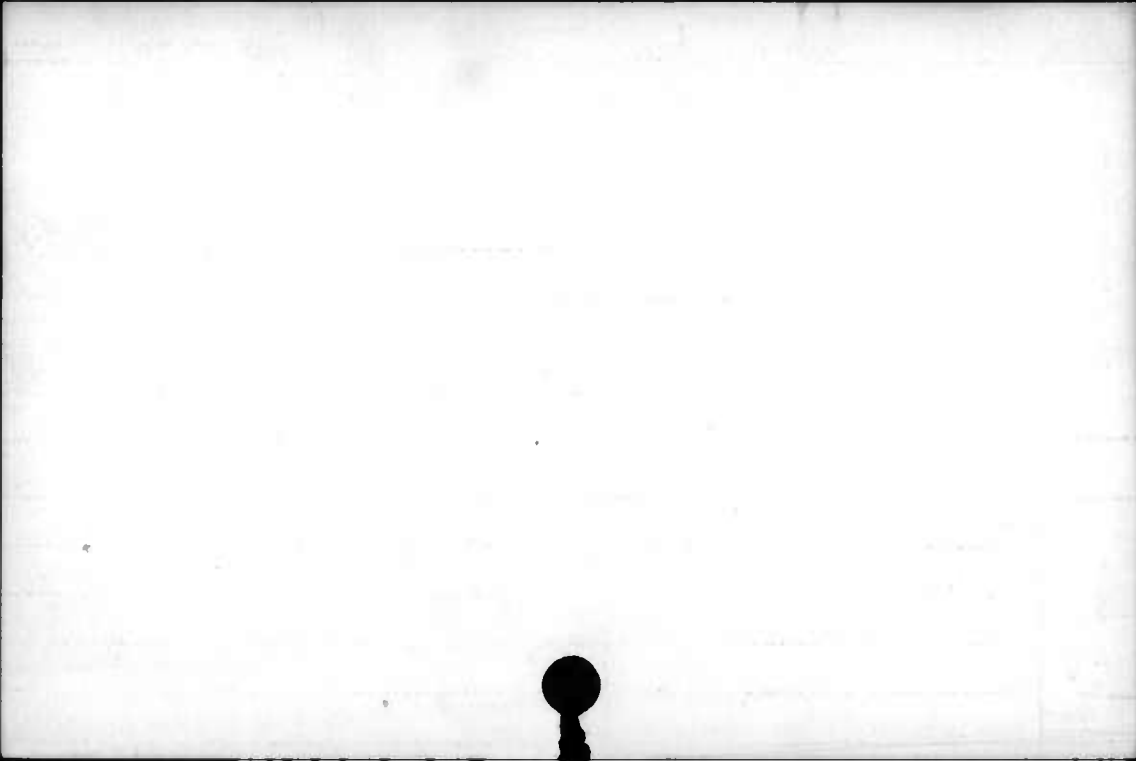
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND			
Date of death	<i>1903</i>	Month <i>11</i>	Day <i>16</i>	Age <i>55</i>	Years <i>55</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation				Where Residing if not at place of death			<i>Home</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				<i>—</i>
Father's Name	<i>John Shaffer</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary A. Herphey</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving Information	<i>Beza Shaffer</i>				How related to deceased	<i>Bro</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hepatitis</i>	How long	<i>3 wks</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>A. P. Stauffer</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

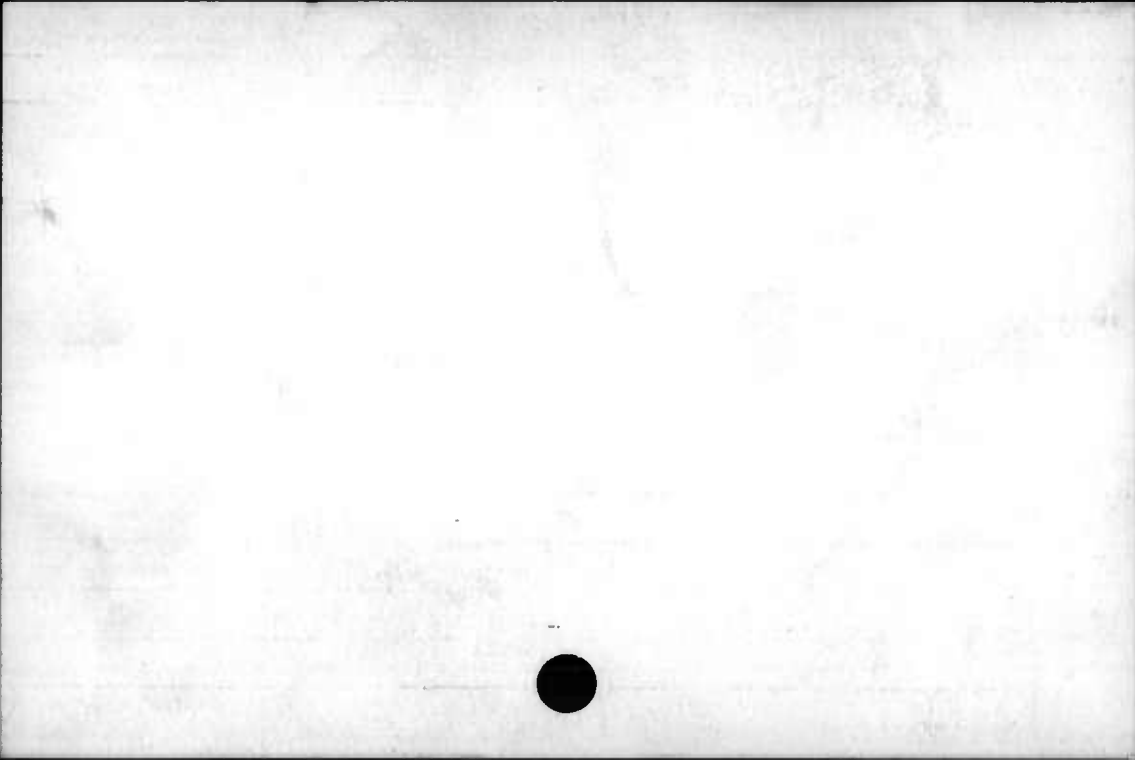
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sandy Slaughter No 163</i>		Town <i>Willeamsport</i>		County <i>Washington</i>		State <i>MARYLAND</i>				
Died at		Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>7</i>	Age <i>65-</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Berkeley Co Va</i>						
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>								
Name of Wife or Husband <i>Nancy Ann Arklehard</i>										
Father's Name <i>David Slaughter</i>		Father's Birthplace <i>Va</i>								
Mother's Maiden Name <i>Minnie Anderson</i>		Mother's Birthplace <i>Va</i>								
Name of person giving information <i>—</i>		How related to deceased <i>Wife</i>								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Theo. Boase,</i>	
		Address <i>Willeamsport, Md.</i>	
Accident or Suicide?			



Name
in
Full

Smith
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born child of Frank & Carrie

Died at <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death	1903	Month	Nov	Day	13
Age	still	Years	Born	Months	
Sex	male	Color or Race	white	Birth-place	Md.
Occupation			Where Residing if not at place of death <i>Hagerstown Md.</i>		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	<i>Frank Smith</i>			Father's Birthplace	<i>Penn.</i>
Mother's Maiden Name	<i>Carrie Hobbs</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving Information	<i>Carrie Smith</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate	" "	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W B Morrison M.D.</i>
		Address <i>Hagerstown Md.</i>
Accident or Suicide?		



Name
in
Full

George W. Smith

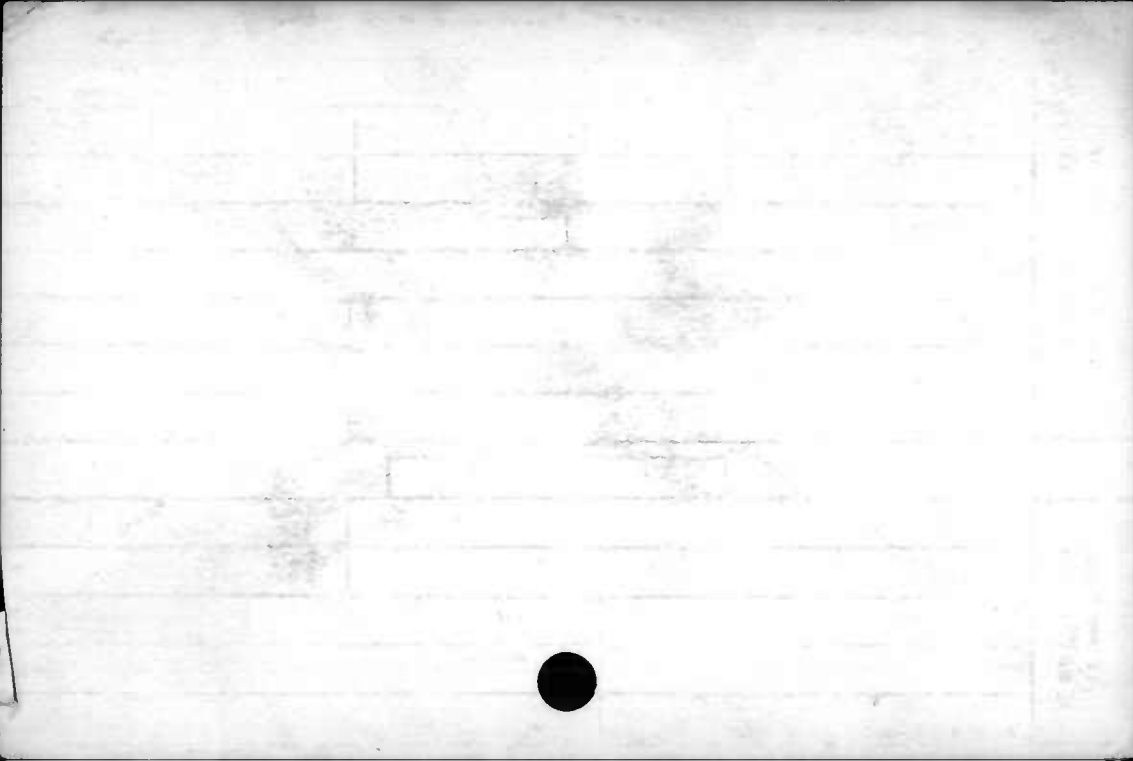
CERTIFICATE OF DEATH

Died at <i>Robrsville</i>		Town <i>Robrsville</i>		County <i>Hannington</i>		State <i>MARYLAND</i>	
Date of death 1903		Month <i>11</i>	Day <i>14</i>	Age <i>49</i>	Years	Months <i>55</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Robrsville</i>			
Married, Single or Widowed				Occupation <i>Blacksmith</i>			
Name of Wife or Husband <i>Emma Smith</i>							
Father's Name <i>Jacob Smith</i>				Father's Birthplace <i>Robrsville</i>			
Mother's Maiden Name <i>Maria Stone</i>				Mother's Birthplace <i>Robrsville</i>			
Name of person giving information <i>Emma Smith</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary	<i>Consumption</i>	How long	<i>10 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. D. Baker</i>	
		Address <i>Robrsville</i>	
Accident or Suicide?		<i>Ind.</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Hona May Smith

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Age

Y.

M.

D.

Native of

Occupation

11 7

3. 7

Washington

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Daughter of~~Father's
Name

Abert W Smith

Mother's

Maiden Name

Delia E. Fox

Cause of

Primary

Marasmus

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. L. Tachler M.D.

Address

Sabillasville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

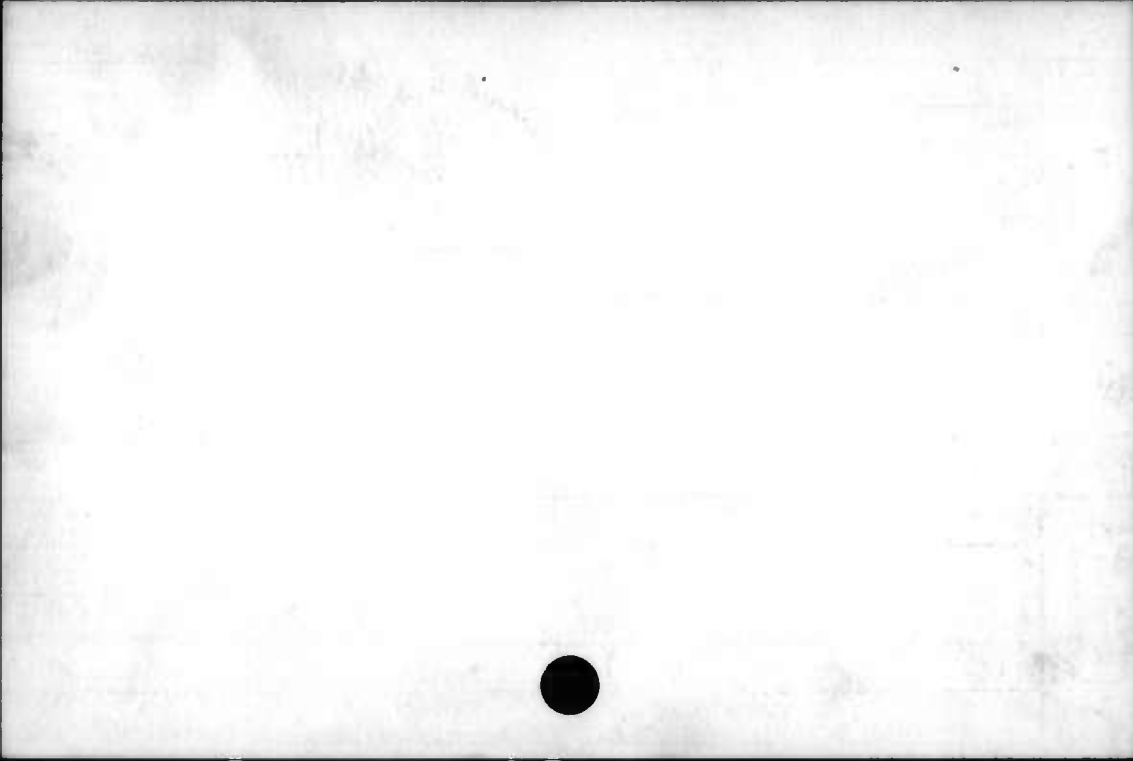
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laisy Bell Stouffer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Date of death <i>1903</i>		Age <i>Born at birth</i>		Where Residing if not at place of death <i>Hagerstown Md</i>	
Month <i>Nov</i>		Day <i>1</i>		Years <i>1</i>		Months <i>0</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hagerstown Md</i>		Days <i>0</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>Hagerstown Md</i>					
Married, <i>Single</i>		Name of Wife or Husband <i>Magie Stouffer</i>					
Father's Name <i>Oscar S Stouffer</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Magie V Shupp</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Oscar S Stouffer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. L. M. Zimmerman</i>
		Address <i>Hagerstown Md.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Daisy Bell Stouffer

Town

County

Died at

MARYLAND

Date 189

1903 Nov. 1

Age

Still Born

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Benjamin Wachtell				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1903		11		29		80 Years	
Sex		Color or Race		Birthplace		Months	
Male		White		Maryland		Days	
Occupation		Where Residing if not at place of death					
Retired Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Harriet Wachtel					
Father's Name		Father's Birthplace					
David Wachtel		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Not Known		Not Known					
Name of person giving Information		How related to deceased					
Lettia Wachtel		Daughter					
CAUSES OF DEATH							
Primary				How long			
Cancer of Abdomen							
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Andrew K. Gorman			
				Address			
				Hagerstown Md.			
				Undertaker			
Accident or Suicide?							

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Name
in
Full

Mrs. Lillie V. Widdows

CERTIFICATE OF DEATH

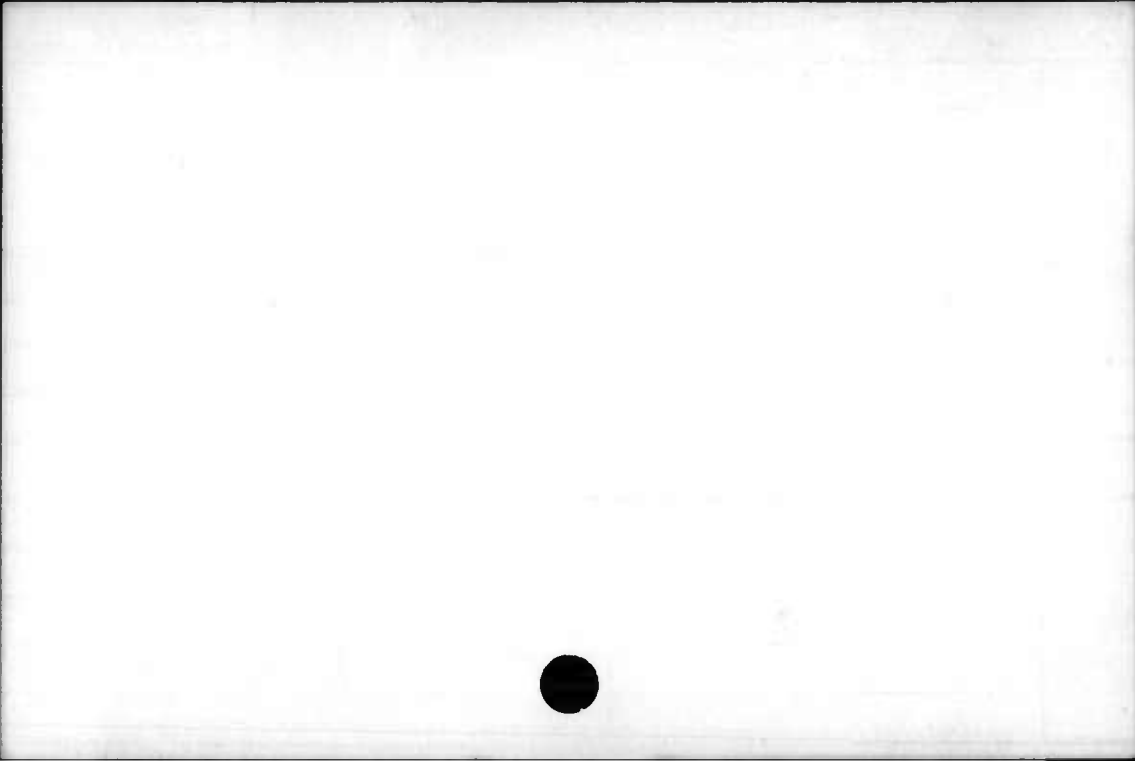
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death	1903	Month	Nov	Day	3	Age	43
						Months	2
						Days	16
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed		married		Name of Wife or Husband			
				G. T. Widdows.			
Father's Name	Geo. Sigismund		Father's Birthplace		Md.		
Mother's Maiden Name	Sarah Needy.		Mother's Birthplace		Md.		
Name of person giving Information	Mrs. Gertrude Hovemill		How related to deceased		Daughter.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Uranic		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. C. Markham
		Address	Hagerstown
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born child of Thos. & Lillie Widdows

Town County

Died at Hagerstown Wash. MARYLAND

Date of death 1903 Nov 2 Age — Months — Days — still Born

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death Hagerstown, Md.

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Thomas Widdows Father's Birthplace Md.

Mother's Maiden Name Lillie Hays Mother's Birthplace " "

Name of person giving Information Thos. Widdows How related to deceased father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long —

Immediate " " How long —

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Eli Mearns

Address Hagerstown

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		100.	3	Age 40			
Sex	Female	Color or Race	White		Birth-place	Washington, D.C.	
Occupation	Housewife		Where Residing if not at place of death		Challenger, Tenn.		
Married, Single or Widowed	Married		Name of Wife or Husband		Virginia Willard		
Father's Name	J. Deane Moore		Father's Birthplace		Md		
Mother's Maiden Name	Virginia Bolster		Mother's Birthplace		Md		
Name of person giving information	Charles C V		How related to deceased		nothing		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stomach trouble	How long	4 weeks
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
		J. M. Clark M.D.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH 166

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wmsport		County Washington		MARYLAND	
Date of death 1903	Month Nov.	Day 30	Age	Years	Months 10	Days 14	
Sex	Female		Color or Race	White		Birth- place	Wmsport
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	12 days
Immediate	Bronchitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. Roose
		Address	Wmsport, Md.
Accident or Suicide?			

J. P. Krups Undertaker